



2021 HEDIS Aggregate Report for Michigan Medicaid

October 2021



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1. Executive Summary

Introduction

During 2020, the Michigan Department of Health and Human Services (MDHHS) contracted with 10 health plans to provide managed care services to Michigan Medicaid members. MDHHS expects its contracted Medicaid health plans (MHPs) to support claims systems, membership and provider files, as well as hardware/software management tools that facilitate valid reporting of the Healthcare Effectiveness Data and Information Set (HEDIS®)¹⁻¹ measures. MDHHS contracted with Health Services Advisory Group, Inc. (HSAG), to calculate statewide average rates based on the MHPs' rates and evaluate each MHP's current performance level, as well as the statewide performance, relative to national Medicaid percentiles.

MDHHS selected HEDIS measures to evaluate Michigan MHPs within the following eight measure domains:

- Child & Adolescent Care
- Women—Adult Care
- Access to Care
- Obesity
- Pregnancy Care
- Living With Illness
- Health Plan Diversity
- Utilization

Of note, all measures in the Health Plan Diversity domain and some measures in the Utilization domain are provided within this report for information purposes only as they assess the health plans' use of services and/or describe health plan characteristics and are not related to performance. Therefore, most of these rates were not evaluated in comparison to national percentiles, and changes in these rates across years were not analyzed by HSAG for statistical significance.

The performance levels are based on national percentiles and were set at specific, attainable rates. MHPs that met the high performance level (HPL) exhibited rates that were among the 90th percentile in comparison the national average. The low performance level (LPL) was set to identify MHPs that were among the 25th percentile in comparison to the national average and have the greatest need for improvement. Details describing these performance levels are presented in Section 2, "How to Get the Most From This Report."

¹⁻¹ HEDIS® is a registered trademark of the National Committee for Quality Assurance (NCQA).

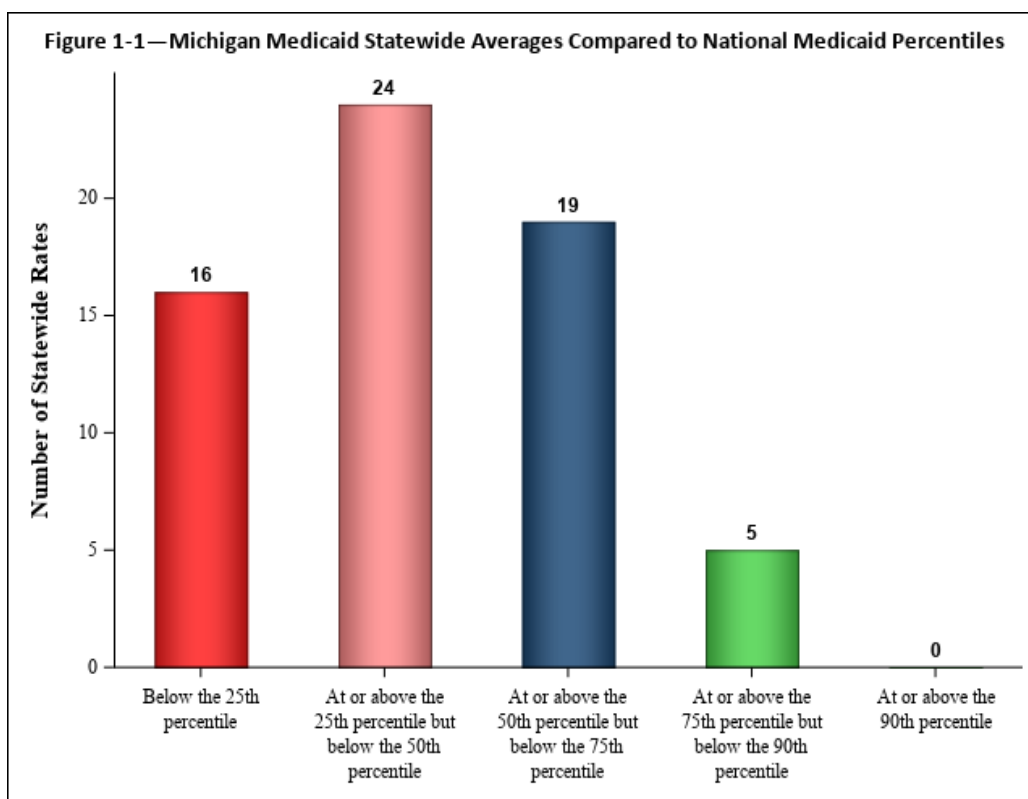
In addition, Section 11 (“HEDIS Reporting Capabilities—Information Systems Findings”) provides a summary of the HEDIS data collection processes used by the Michigan MHPs and the audit findings in relation to the National Committee for Quality Assurance’s (NCQA’s) information system (IS) standards.¹⁻²

Due to the possible effect of coronavirus disease 2019 (COVID-19) on HEDIS hybrid measures, specifically an MHP’s ability to collect medical record data, NCQA allowed MHPs to report their audited HEDIS 2019 (measurement year [MY] 2018) hybrid rates if they were better than their HEDIS 2020 (MY 2019) hybrid rates. MHPs were not required to rotate all hybrid measures but were required to rotate entire measures when there were multiple indicators (e.g., Comprehensive Diabetes Care). NCQA’s Interactive Data Submission System (IDSS) was not configured to capture rotation decisions, meaning that even when a hybrid measure was rotated, the MY would still say 2019. For HEDIS MY 2020, NCQA did not allow MHPs to report their audited HEDIS MY 2019 hybrid rates if they were better than their HEDIS MY 2020 hybrid rates.

¹⁻² National Committee for Quality Assurance. *HEDIS® MY2020, Volume 5: HEDIS Compliance Audit™: Standards, Policies and Procedures*. Washington D.C.

Summary of Performance

Figure 1-1 compares the Michigan Medicaid program’s overall rates with NCQA’s Quality Compass® national Medicaid HMO percentiles for HEDIS MY 2020, which are referred to as “percentiles” throughout this report.¹⁻³ For measures that were comparable to percentiles, the bars represent the number of Michigan Medicaid Weighted Average (MWA) measure indicator rates that fell into each percentile range.



Of the 64 reported rates that were comparable to national Medicaid percentiles, 16 of the MWA rates fell below the 25th percentile and a total of 40 rates (about 63 percent) were below the 50th percentile. These results demonstrate a general statewide decline in performance in comparison to the MY 2019 rates, which showed approximately 35 percent of the rates falling below the 50th percentile. A summary of MWA performance for each measure domain is presented on the following pages.

¹⁻³ Quality Compass® is a registered trademark for the National Committee for Quality Assurance (NCQA).

Child & Adolescent Care

For the Child & Adolescent Care domain, the *Follow-Up Care for Children Prescribed Attention-Deficit/Hyperactivity Disorder (ADHD) Medication—Initiation Phase* and *Continuation and Maintenance Phase* measure was an area of strength. Both measure indicators ranked above the 50th percentile and demonstrated improvements. Priority ranked above the 50th percentile for the most measures within the Child & Adolescent Care domain (*Childhood Immunization Status—Combinations 2–10*, *Lead Screening in Children*, and *Immunizations for Adolescents—Combination 1* and *Combination 2*). Total Health and Blue Cross were the only MHPs to rank above the HPL for one indicator each within the *Follow-Up Care for Children Prescribed ADHD Medication* measure.

The MWA demonstrated a significant decline for the *Childhood Immunization Status—Combinations 2, 3, 4, 5, and 7*, *Lead Screening in Children*, and *Immunizations for Adolescents—Combination 1* and *Combination 2* indicators, decreasing by over two percentage points. *Lead Screening in Children* had the highest number of MHPs that demonstrated a statistically significant decline in HEDIS MY 2020, as well as a MWA decrease of nearly five percentage points from HEDIS MY 2019. Additionally, the MWA ranked below the 49th percentile for all indicators for the *Childhood Immunization Status* measure.

MDHHS should work with the MHPs and providers to identify potential root causes for the significant decline for the *Lead Screening in Children* measure and work towards possibly increasing the administration of lead blood tests for children 2 years of age. Screening for lead is an easy way to detect an abnormal blood lead level in children. There is no safe blood lead level. If not found early, exposure to lead and high blood levels can lead to irrevocable effects on a child's physical and mental health.¹⁻⁴ If the decline in children receiving these tests is identified as linked to the COVID-19 public health emergency, MDHHS is encouraged to work with other state Medicaid agencies facing similar barriers, to identify safe methods for children to have access to this important test.

Additionally, MDHHS should work with the MHPs and providers to target improving childhood vaccination rates due to the significant decline across multiple indicators for the *Childhood Immunization Status* measure. The ongoing COVID-19 pandemic is a reminder of the importance of vaccination. The identified declines in routine pediatric vaccine ordering and doses administered might indicate that United States children and their communities face increased risks for outbreaks of vaccine-preventable diseases. Reminding parents of the vital need to protect their children against serious vaccine-preventable diseases, even as the COVID-19 pandemic continues, is critical. As social distancing requirements are relaxed, children who are not protected by vaccines will be more vulnerable to diseases such as measles. In response, continued coordinated efforts between health care providers and public health officials at the local, state, and federal levels will be necessary to achieve rapid catch-up vaccination.¹⁻⁵

¹⁻⁴ National Committee for Quality Assurance. Lead Screening in Children. Available at: <https://www.ncqa.org/hedis/measures/lead-screening-in-children/>. Accessed on: September 17, 2021.

¹⁻⁵ The Centers for Disease Control and Prevention (CDC). Effects of the COVID-19 Pandemic on Routine Pediatric Vaccine Ordering and Administration — United States, 2020. Available at: <https://www.cdc.gov/mmwr/volumes/69/wr/mm6919e2.htm/>. Accessed on: September 17, 2021.

Women—Adult Care

For the Women—Adult Care domain, the MWA demonstrated a significant decline across all measures and indicators. Total Health Care and Molina demonstrated high performance as the only MHPs to rank above the 50th percentile for all *Chlamydia Screening for Women* measure indicators, and the *Cervical Cancer Screening* measure. No MHP ranked above the HPL for any measure in the Women—Adult Care domain. Additionally, Upper Peninsula fell below the LPL for all *Chlamydia Screening for Women* measure indicators and Aetna fell below the LPL for both the *Cervical Cancer Screening* and *Breast Cancer Screening* measures.

The *Chlamydia Screening in Women* and *Breast Cancer Screening* measures had the highest number of MHPs that demonstrated a statistically significant decline in HEDIS MY 2020, as well as a MWA decrease of over five percentage points from HEDIS MY 2019. Further, the *Cervical Cancer Screening* measure had the most significant MWA decrease of over seven percentage points from HEDIS MY 2019. MDHHS should work with the MHPs and providers to identify barriers that contribute to lower screening rates for cervical cancer and breast cancer and should work towards establishing resources to increase access to routine cancer screenings. Screening can improve outcomes and early detection reduces the risk of dying can lead to a greater range of treatment options and lower health care costs.¹⁻⁶ Prolonged delays in screening related to the COVID-19 pandemic may lead to delayed diagnoses, poor health consequences, and an increase in cancer disparities among women already experiencing health inequities.¹⁻⁷ Additionally, MDHHS should work with the MHPs and providers on increasing testing and screening for chlamydia. The CDC has identified several new and innovative ways STD services can meet more people where they are—during the COVID-19 pandemic and in the future—including: STD express clinics, partnerships with pharmacies and retail health clinics, and telehealth.¹⁻⁸ If the decline in women receiving these screenings is identified as linked to the COVID-19 public health emergency, MDHHS is encouraged to work with other state Medicaid agencies facing similar barriers, to identify safe methods for women to have access to these important screening services.

Access to Care

For the Access to Care domain an area of strength was the *Avoidance of Antibiotic Treatment for Acute Bronchitis/Bronchiolitis—Ages 3 Months to 17 Years and Ages 18 to 64 Years* measure indicators ranking above the 50th percentile, with the MWA significantly improving by over one percentage point for both indicators. Aetna, Blue Cross, McLaren, Meridian, HAP, Molina, Priority, Total Health and UnitedHealthcare all ranked above the 50th percentile for the *Avoidance of Antibiotic Treatment for Acute Bronchitis/Bronchiolitis—Ages 3 Months to 17 Years and Ages 18 to 64 Years* measure indicators.

¹⁻⁶ National Committee for Quality Assurance. Breast Cancer Screening. Available at: <https://www.ncqa.org/hedis/measures/breast-cancer-screening/>. Accessed on: September 17, 2021.

¹⁻⁷ Centers for Disease Control and Prevention. Sharp Declines in Breast and Cervical Cancer Screening. <https://www.cdc.gov/media/releases/2021/p0630-cancer-screenings.html>. Accessed on: September 17, 2021.

¹⁻⁸ Centers for Disease Control and Prevention. Reported STDs Reach All-time High for 6th Consecutive Year. <https://www.cdc.gov/media/releases/2021/p0413-stds.html>. Accessed on: September 17, 2021.

Additionally, the *Appropriate Treatment for Upper Respiratory Infection—18 to 64 Years* indicator ranked above the 50th percentile, with the MWA significantly improving by nearly three percentage points. Priority ranked above the HPL for *Appropriate Treatment for Upper Respiratory Infection—18 to 64 Years*.

Total Health, Aetna, and HAP fell below the LPL for the *Adults' Access to Preventive/Ambulatory Health Services—Ages 20 to 44 years, 45 to 64 Years, and Total* indicators, and no MHPs ranked above the 50th percentile for the *Adults' Access to Preventive/Ambulatory Health Services—Ages 20 to 44 years and 45 to 64 Years* indicators. The MWA was below the 50th percentile for all four of the *Adults' Access to Preventive/Ambulatory Health Services* measure indicators and demonstrated a significant decline of over three percentage points from HEDIS MY 2019 for all measure indicators. Blue Cross, UnitedHealthcare, Molina, Aetna, Total Health, and HAP all fell below the LPL for the *Appropriate Testing for Pharyngitis—Total* measure indicator, and the MWA fell below the 50th percentile for the *Appropriate Testing for Pharyngitis—Ages 3 to 17 Years, Ages 18 to 64 Years, and Total* measure indicators and demonstrated a significant decline of over one percentage point from HEDIS MY 2019 for these indicators.

MDHHS should continue to monitor the MHPs performance on the four indicators of *Adults' Access to Preventive/Ambulatory Health Services* to ensure the MHPs performance does not continue to decline, in alignment with HSAG's recommendation for *Adults' Access to Preventive/Ambulatory Health Services* in the 2020 Aggregate Report. Additionally, MDHHS should work towards prioritizing preventative and ambulatory health services as part of its quality improvement strategy. Further, MDHHS should conduct a root cause analysis for the decline across multiple indicators for the *Appropriate Testing for Pharyngitis* measure. Proper testing and treatment of pharyngitis prevents the spread of sickness, while reducing unnecessary use of antibiotics.¹⁻⁹ If the decline in adults accessing these services is identified as related to the COVID-19 public health emergency, MDHHS is encouraged to work with other state Medicaid agencies facing similar barriers, to identify safe methods for ensuring ongoing adults' access to these important services.

Obesity

For the Obesity domain, *Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents—Counseling for Physical Activity—Total* was an area of strength as the MWA was above the 50th percentile. Additionally, Priority, Upper Peninsula, and UnitedHealthcare demonstrated high performance, ranking above the 50th percentile, but falling below the HPL for all three of the measure indicators within the Obesity domain.

The MWA had significant decreases across all measure indicators and ranked below the 50th percentile for two of the three measures within the Obesity domain (*Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents—Body Mass Index (BMI) Percentile*

¹⁻⁹ National Committee for Quality Assurance. *Appropriate Testing for Children with Pharyngitis*. Available at: <https://www.ncqa.org/hedis/measures/appropriate-testing-for-children-with-pharyngitis/>. Accessed on: September 17, 2021.

Documentation—Total and Counseling for Nutrition—Total). McLaren ranked below the LPL for all three measure indicators. MDHHS should work with the MHPs and providers to strategize the best way to utilize every office visit or virtual visit to encourage a healthy lifestyle and provide education on healthy habits for children and adolescents. Additionally, MDHHS should monitor McLaren's performance for this measure to ensure the MHP performance does not continue to decline and encourage higher performing MHPs to share and discuss best practices. If the decline in children and adolescents receiving these services is identified to be related to the COVID-19 public health emergency, MDHHS is encouraged to work with other state Medicaid agencies facing similar barriers, to identify safe methods for improved access to these services.

Pregnancy Care

For the Pregnancy Care domain, both measure indicators ranked below the 25th percentile and had a MWA decrease of over three percentage points from HEDIS MY 2019, with the *Prenatal and Postpartum Care—Timeliness of Prenatal Care* indicator demonstrating the most significant MWA decrease of over six percentage points from HEDIS MY 2019. Molina, Meridian, Blue Cross, UnitedHealthcare, McLaren, Aetna, HAP, and Total Health all fell below the LPL for both *Prenatal and Postpartum Care—Timeliness of Prenatal Care* and *Postpartum Care* indicators. The MWA also fell below the LPL for both measure indicators.

Upper Peninsula ranked above the 50th percentile for both measure indicators, and was above the HPL for *Prenatal and Postpartum Care—Postpartum Care*. MDHHS should work with the MHPs and providers on the best practices for providing ongoing prenatal and postpartum care. This is especially important during COVID-19, as pregnant and recently pregnant women are at a higher risk for severe illness from COVID-19 than nonpregnant women.¹⁻¹⁰ Additionally, pregnant women with COVID-19 are at a higher risk for preterm birth and might have a higher risk for other adverse pregnancy outcomes. MDHHS is encouraged to work with the higher performing MHPs to identify best practice to ensuring women access to prenatal and postpartum care, which can then be spread to the lower performing MHPs to improve overall access.

Living With Illness

For the Living With Illness domain, *Antidepressant Medication Management—Effective Acute Phase Treatment* and *Adherence to Antipsychotic Medications for Individuals With Schizophrenia* were an area of strength. Both measure indicators went from below the 75th percentile in MY 2019 to above the 75th percentile in MY 2020 and demonstrated significant increases, with *Antidepressant Medication Management—Effective Acute Phase Treatment* increasing by more than four percentage points and *Adherence to Antipsychotic Medications for Individuals With Schizophrenia* increasing by nearly nine percentage points. Total Health was the only MHP to rank above the HPL and the 50th percentile for all

¹⁻¹⁰ Centers for Disease Control and Prevention. Investigating the Impact of COVID-19 during Pregnancy. Available at: <https://www.cdc.gov/coronavirus/2019-ncov/cases-updates/special-populations/pregnancy-data-on-covid-19/what-cdc-is-doing.html>. Accessed on: September 17, 2021.

Medical Assistance With Smoking and Tobacco Use Cessation measure indicators. Priority was the only MHP to rank above the 50th percentile for all *Comprehensive Diabetes Care* measure indicators. Total Health and Meridian ranked above the HPL for *Antidepressant Medication Management—Effective Acute Phase Treatment*, with Total Health also ranking above the HPL for the *Effective Continuation Phase Treatment* measure indicator.

For *Medical Assistance With Smoking and Tobacco Use Cessation*, the MWA for all measure indicators demonstrated a significant decline of over one percentage point, with *Advising Smokers and Tobacco Users to Quit* demonstrating the most decline at over three percentage points and ranking below the 50th percentile. McLaren, Molina, Aetna, Blue Cross, HAP, Total Health and the MWA fell below the LPL for *Asthma Medication Ratio—Total*, with the MWA demonstrating a significant decline of over three percentage points from HEDIS MY 2019.

The MWA demonstrated the most significant declines for *Diabetes Screening for People With Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications*, *Diabetes Monitoring for People With Diabetes and Schizophrenia*, and all comparable *Comprehensive Diabetes Care* measure indicators. The measures all demonstrated significant declines in the MWA of more than five percentage points from MY 2019 to MY 2020. MDHHS should implement a quality improvement strategy with MHPs and providers that would focus on effective treatment programs for people with diabetes, which should include people with schizophrenia and bipolar disorder. Lack of appropriate care for diabetes and cardiovascular disease for people with schizophrenia or bipolar disorder who use antipsychotic medications can lead to worsening health and death. Addressing these physical health needs is an important way to improve health, quality of life and economic outcomes downstream.¹⁻¹¹ If the decline in receipt of these services is determined to be related to the COVID-19 public health emergency, MDHHS is encouraged to work with other state Medicaid agencies facing similar barriers, to identify safe methods for adults to have access to these important services.

Health Plan Diversity

Although measures under this domain are not performance measures and are not compared to percentiles, changes observed in the results may provide insight into how select member characteristics affect the MHPs' provision of services and care.

Utilization

For the *Ambulatory Care—Total (Per 1,000 Member Months)—Emergency Department (ED) Visits—Total* measure indicator, the Michigan average decreased by 18.77 visits per 1,000 member months from HEDIS MY 2018 to HEDIS MY 2020. The MWA for the *Outpatient Visits—Total* measure indicator

¹⁻¹¹ National Committee for Quality Assurance. Diabetes and Cardiovascular Disease Screening and Monitoring for People With Schizophrenia or Bipolar Disorder. Available at: <https://www.ncqa.org/hedis/measures/diabetes-and-cardiovascular-disease-screening-and-monitoring-for-people-with-schizophrenia-or-bipolar-disorder/>. Accessed on: September 17, 2021.

decreased by 28.31 visits per 1,000 member months from HEDIS MY 2018 to HEDIS MY 2020.¹⁻¹² Since the measure of outpatient visits is not linked to performance, the results for this measure are not comparable to percentiles. For the *Plan All-Cause Readmissions* measure, five MHPs had an observed-to-expected (O/E) ratio less than 1.0, indicating that these MHPs had fewer observed readmissions than were expected based on the patient mix. The remaining five MHPs O/E ratio is more than one indicating they had more readmissions.

Limitations and Considerations

Some behavioral health services are carved out and are not provided by the MHPs; therefore, exercise caution when interpreting rates for measures related to behavioral health.

¹⁻¹² For the *ED Visits* indicator, a awareness is advised when interpreting results for this indicator as a lower rate is a higher percentile.

2. How to Get the Most From This Report

Introduction

This reader's guide is designed to provide supplemental information to the reader that may aid in the interpretation and use of the results presented in this report.

Michigan Medicaid Health Plan Names

Table 2-1 presents a list of the Michigan MHPs discussed within this report and their corresponding abbreviations.

Table 2-1—2021 Michigan MHP Names and Abbreviations

| MHP Name | Short Name | Abbreviation |
|----------------------------------|------------------|--------------|
| Aetna Better Health of Michigan | Aetna | AET |
| Blue Cross Complete of Michigan | Blue Cross | BCC |
| McLaren Health Plan | McLaren | MCL |
| Meridian Health Plan of Michigan | Meridian | MER |
| HAP Empowered | HAP | HAP |
| Molina Healthcare of Michigan | Molina | MOL |
| Priority Health Choice, Inc. | Priority | PRI |
| Total Health Care, Inc. | Total Health | THC |
| UnitedHealthcare Community Plan | UnitedHealthcare | UNI |
| Upper Peninsula Health Plan | Upper Peninsula | UPP |

Summary of Michigan Medicaid HEDIS MY 2020 Measures

Within this report, HSAG presents the Michigan MWA (i.e., statewide average rates) and MHP-specific performance on HEDIS measures selected by MDHHS for HEDIS MY 2020. These measures were grouped into the following eight domains of care: Child & Adolescent Care, Women—Adult Care, Access to Care, Obesity, Pregnancy Care, Living With Illness, Health Plan Diversity, and Utilization. While performance is reported primarily at the measure indicator level, grouping these measures into domains encourages MHPs and MDHHS to consider the measures as a whole rather than in isolation and to develop the strategic changes required to improve overall performance.

Table 2-2 shows the selected HEDIS MY 2020 measures and measure indicators as well as the corresponding domains of care and the reporting methodologies for each measure. The data collection or calculation method is specified by NCQA in the *HEDIS MY 2020 & MY 2021 and Volume 2 Technical Specifications*. Data collection methodologies are described in detail in the next section.

Table 2-2—Michigan Medicaid HEDIS MY 2020 Required Measures

| Performance Measures | HEDIS Data Collection Methodology |
|---|-----------------------------------|
| Child & Adolescent Care | |
| <i>Childhood Immunization Status—Combinations 2–10</i> | Hybrid |
| <i>Well-Child Visits in the First 30 Months of Life—Well-Child Visits in the First 15 Months—Six or More Well-Child Visits and Well-Child Visits for Age 15 Months to 30 Months—Two or More Well-Child Visits</i> | Administrative |
| <i>Lead Screening in Children</i> | Hybrid |
| <i>Child and Adolescent Well-Care Visits—Ages 3 to 11 Years, Ages 12 to 17 Years, Ages 18 to 21 Years, and Total</i> | Administrative |
| <i>Immunizations for Adolescents—Combination 1 and 2</i> | Hybrid |
| <i>Follow-Up Care for Children Prescribed ADHD Medication—Initiation Phase and Continuation and Maintenance Phase</i> | Administrative |
| Women—Adult Care | |
| <i>Chlamydia Screening in Women—Ages 16 to 20 Years, Ages 21 to 24 Years, and Total</i> | Administrative |
| <i>Cervical Cancer Screening</i> | Hybrid |
| <i>Breast Cancer Screening</i> | Administrative |
| Access to Care | |
| <i>Adults’ Access to Preventive/Ambulatory Health Services—Ages 20 to 44 Years, Ages 45 to 64 Years, Ages 65 Years and Older, and Total</i> | Administrative |
| <i>Avoidance of Antibiotic Treatment for Acute Bronchitis/Bronchiolitis—Ages 3 Months to 17 Years, Ages 18 to 64 Years, Ages 65 Years and Older, and Total</i> | Administrative |
| <i>Appropriate Testing for Pharyngitis—Ages 3 to 17 Years, Ages 18 to 64 Years, Ages 65 Years and Older, and Total</i> | Administrative |
| <i>Appropriate Treatment for Upper Respiratory Infection—Ages 3 Months to 17 Years, Ages 18 to 64 Years, Ages 65 Years and Older, and Total</i> | Administrative |
| Obesity | |
| <i>Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents—BMI Percentile Documentation—Total, Counseling for Nutrition—Total, and Counseling for Physical Activity—Total</i> | Hybrid |

| Performance Measures | HEDIS Data Collection Methodology |
|---|-----------------------------------|
| Pregnancy Care | |
| <i>Prenatal and Postpartum Care—Timeliness of Prenatal Care and Postpartum Care</i> | Hybrid |
| Living With Illness | |
| <i>Comprehensive Diabetes Care—Hemoglobin A1c (HbA1c) Testing, HbA1c Poor Control (>9.0%), HbA1c Control (<8.0%), Eye Exam (Retinal) Performed, and Blood Pressure Control (<140/90 mm Hg)</i> | Hybrid |
| <i>Kidney Health Evaluation for Patients With Diabetes—Ages 18 to 64 Years, Ages 65 to 74 Years, Ages 75 to 85 Years, and Total</i> | Administrative |
| <i>Asthma Medication Ratio—Total</i> | Administrative |
| <i>Controlling High Blood Pressure</i> | Hybrid |
| <i>Medical Assistance With Smoking and Tobacco Use Cessation—Advising Smokers and Tobacco Users to Quit, Discussing Cessation Medications, and Discussing Cessation Strategies</i> | Administrative |
| <i>Antidepressant Medication Management—Effective Acute Phase Treatment and Effective Continuation Phase Treatment</i> | Administrative |
| <i>Diabetes Screening for People With Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications</i> | Administrative |
| <i>Diabetes Monitoring for People With Diabetes and Schizophrenia</i> | Administrative |
| <i>Cardiovascular Monitoring for People With Cardiovascular Disease and Schizophrenia</i> | Administrative |
| <i>Adherence to Antipsychotic Medications for Individuals With Schizophrenia</i> | Administrative |
| Health Plan Diversity | |
| <i>Race/Ethnicity Diversity of Membership</i> | Administrative |
| <i>Language Diversity of Membership—Spoken Language Preferred for Health Care, Preferred Language for Written Materials, and Other Language Needs</i> | Administrative |
| Utilization | |
| <i>Ambulatory Care—Total (Per 1,000 Member Months)—ED Visits—Total and Outpatient Visits—Total</i> | Administrative |
| <i>Inpatient Utilization—General Hospital/Acute Care—Total</i> | Administrative |
| <i>Use of Opioids From Multiple Providers—Multiple Prescribers, Multiple Pharmacies, and Multiple Prescribers and Multiple Pharmacies</i> | Administrative |
| <i>Use of Opioids at High Dosage</i> | Administrative |
| <i>Risk of Continued Opioid Use—At Least 15 Days Covered—Total and At Least 31 Days Covered—Total</i> | Administrative |
| <i>Plan All-Cause Readmissions—Index Total Stays</i> | Administrative |

Data Collection Methods

Administrative Method

The administrative method requires that MHPs identify the eligible population (i.e., the denominator) using administrative data, derived from claims and encounters. In addition, the numerator(s), or services provided to the members in the eligible population, are derived solely using administrative data collected during the reporting year. Medical record review data from the prior year may be used as supplemental data. Medical records collected during the current year cannot be used to retrieve information. When using the administrative method, the entire eligible population becomes the denominator, and sampling is not allowed.

Hybrid Method

The hybrid method requires that MHPs identify the eligible population using administrative data and then extract a systematic sample of members from the eligible population, which becomes the denominator. Administrative data are used to identify services provided to those members. Medical records must then be reviewed for those members who do not have evidence of a service being provided using administrative data.

The hybrid method generally produces higher rates because the completeness of documentation in the medical record exceeds what is typically captured in administrative data; however, the medical record review component of the hybrid method is considered more labor intensive. For example, the MHP has 10,000 members who qualify for the *Prenatal and Postpartum Care* measure and chooses to use the hybrid method. After randomly selecting 411 eligible members, the MHP finds that 161 members had evidence of a postpartum visit using administrative data. The MHP then obtains and reviews medical records for the 250 members who did not have evidence of a postpartum visit using administrative data. Of those 250 members, 54 were found to have a postpartum visit recorded in the medical record review. Therefore, the final rate for this measure, using the hybrid method, would be $(161 + 54)/411$, or 52.3 percent, a 13.1 percentage point increase from the administrative only rate of 39.2 percent.

Understanding Sampling Error

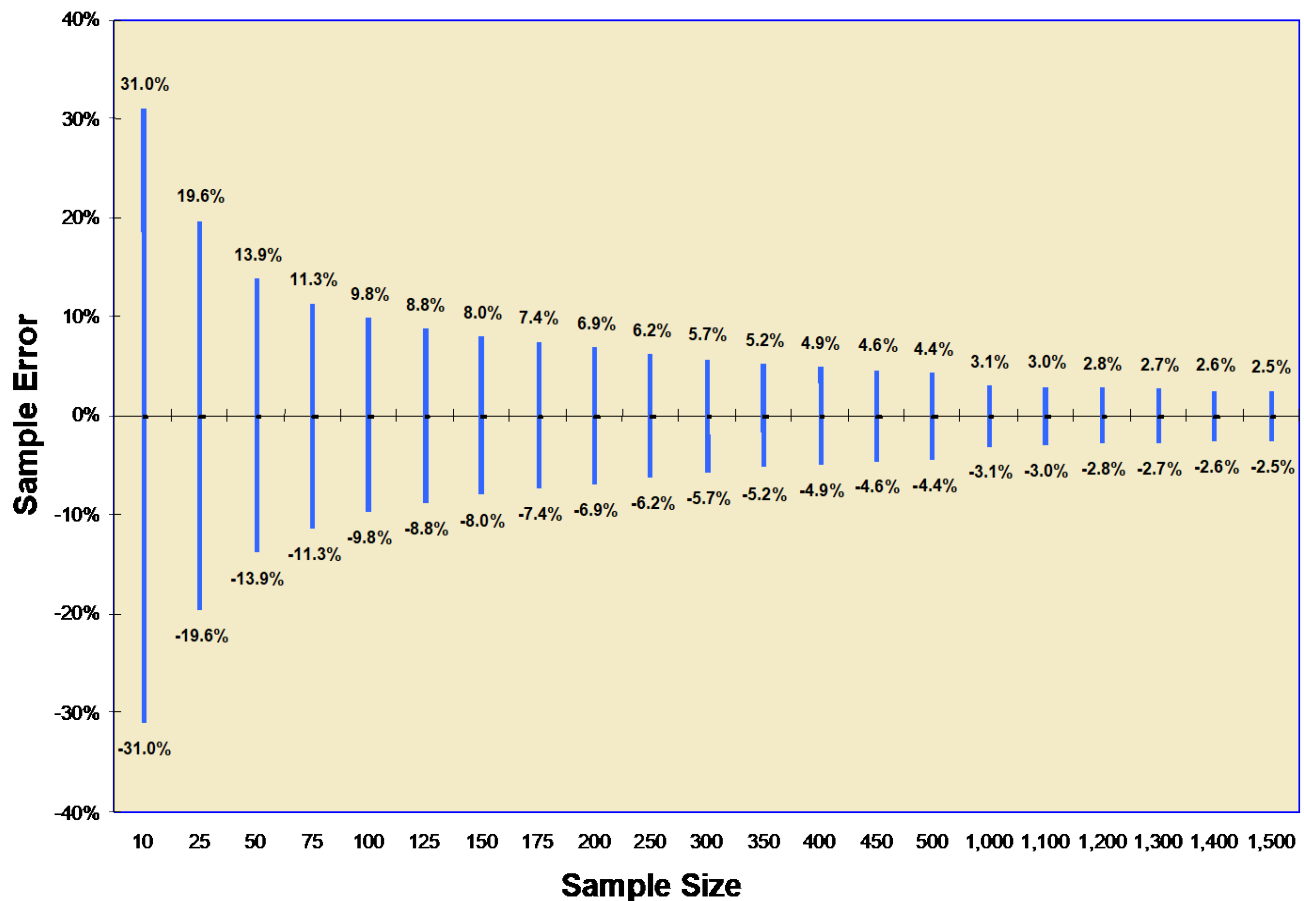
Correct interpretation of results for measures collected using HEDIS hybrid methodology requires an understanding of sampling error. It is rarely possible, logistically or financially, to complete medical record review for the entire eligible population for a given measure. Measures collected using the HEDIS hybrid method include only a sample from the eligible population, and statistical techniques are used to maximize the probability that the sample results reflect the experience of the entire eligible population.

For results to be generalized to the entire eligible population, the process of sample selection must be such that everyone in the eligible population has an equal chance of being selected. The HEDIS hybrid method prescribes a systematic sampling process selecting at least 411 members of the eligible

population. MHP may use a 5 percent, 10 percent, 15 percent, or 20 percent oversample to replace invalid cases (e.g., a male selected for *Postpartum Care*).

Figure 2-1 shows that if 411 members are included in a measure, the margin of error is approximately ± 4.9 percentage points. Note that the data in this figure are based on the assumption that the size of the eligible population is greater than 2,000. The smaller the sample included in the measure, the larger the sampling error.

Figure 2-1—Relationship of Sample Size to Sample Error



As Figure 2-1 shows, sample error decreases as the sample size gets larger. Consequently, when sample sizes are very large and sampling errors are very small, almost any difference is statistically significant. This does not mean that all such differences are important. On the other hand, the difference between two measured rates may not be statistically significant but may, nevertheless, be important. The judgment of the reviewer is always a requisite for meaningful data interpretation.

Data Sources and Measure Audit Results

MHP-specific performance displayed in this report was based on data elements obtained from the IDSS files supplied by the MHPs. Prior to HSAG's receipt of the MHPs' IDSS files, all of the MHPs were required by MDHHS to have their HEDIS MY 2020 results examined and verified through an NCQA HEDIS Compliance Audit.

Through the audit process, each measure indicator rate reported by an MHP was assigned an NCQA-defined audit result. HEDIS MY 2020 measure indicator rates received one of seven predefined audit results: *Reportable (R)*, *Small Denominator (NA)*, *Biased Rate (BR)*, *No Benefit (NB)*, *Not Required (NQ)*, *Un-Audited (UN)*, and *Not Reported (NR)*. The audit results are defined in Section 12.

Rates designated as *NA*, *BR*, *NB*, *NQ*, *UN*, or *NR* are not presented in this report. All measure indicator rates that are presented in this report have been verified as an unbiased estimate of the measure. Please see Section 11 for additional information on NCQA's Information System (IS) standards and the audit findings for the MHPs.

Calculation of Statewide Averages

For all measures, HSAG collected the audited results, numerator, denominator, rate, and eligible population elements reported in the files submitted by MHPs to calculate the MWA rate. Given that the MHPs varied in membership size, the MWA rate was calculated for most of the measures based on MHPs' eligible populations. Weighting the rates by the eligible population sizes ensured that a rate for an MHP with 125,000 members, for example, had a greater impact on the overall MWA rate than a rate for the MHP with only 10,000 members. For MHPs' rates reported as *NA*, the numerators, denominators, and eligible populations were included in the calculations of the MWA rate. MHP rates reported as *BR*, *NB*, *NQ*, *UN*, or *NR* were excluded from the MWA rate calculation. However, traditional unweighted statewide Medicaid average rates were calculated for some utilization-based measures to align with calculations from prior years' deliverables.

Evaluating Measure Results

National Benchmark Comparisons

Benchmark Data

HEDIS MY 2020 MHP and MWA rates were compared to the corresponding national HEDIS benchmarks, which are expressed in percentiles of national performance for different measures. For comparative purposes, HSAG used the most recent data available from NCQA at the time of the publication of this report to evaluate the HEDIS MY 2020 rates: NCQA's Quality Compass national Medicaid HMO percentiles for HEDIS MY 2019 MWA, which are referred to as "percentiles" throughout this report.

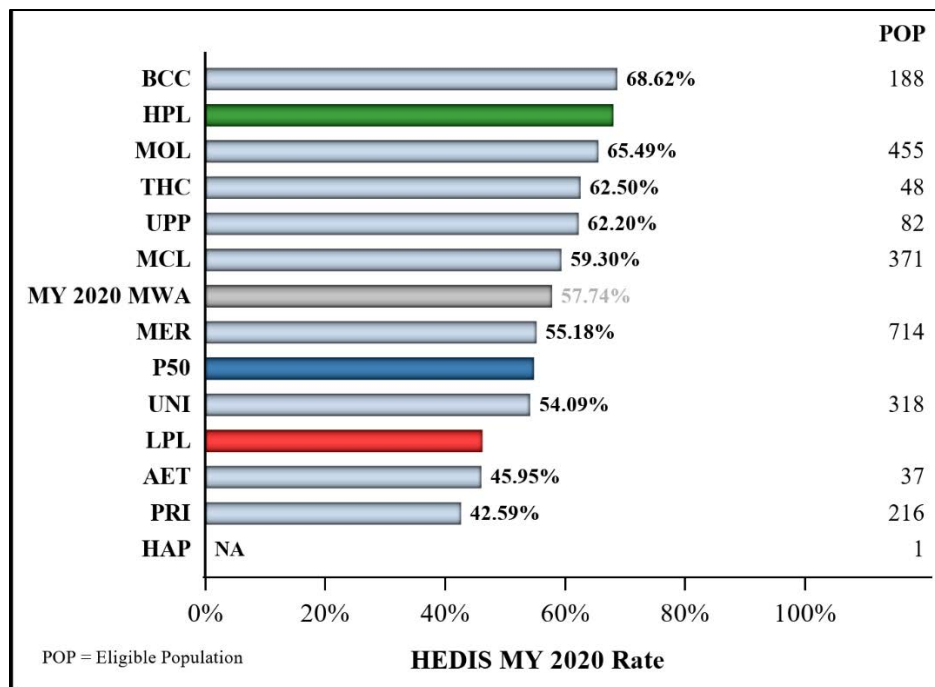
Additionally, benchmarking data (i.e., NCQA’s Quality Compass and NCQA’s Audit Means and Percentiles) are the proprietary intellectual property of NCQA; therefore, this report does not display any actual percentile values. As a result, rate comparisons to benchmarks are illustrated within this report using proxy displays.

Figure Interpretation

For each performance measure indicator presented in Sections 3 through 8 of this report, the horizontal bar graph figure positioned on the right side of the page presents each MHP’s performance against the HEDIS MY 2020 MWA (i.e., the bar shaded gray); the HPL (i.e., the green shaded bar), representing the 90th percentile; the P50 bar (i.e., the blue shaded bar), representing the 50th percentile; and the LPL (i.e., the red shaded bar), representing the 25th percentile.

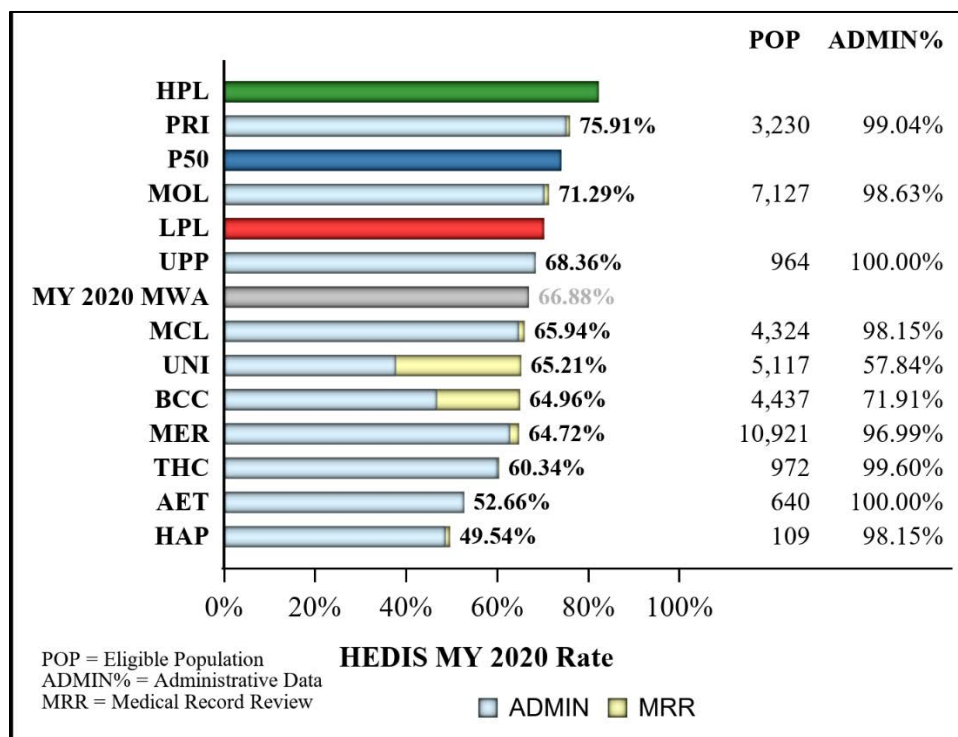
For measures for which lower rates indicate better performance, the 10th percentile (rather than the 90th percentile) and the 75th percentile (rather than the 25th percentile) are considered the HPL and LPL, respectively. An example of the horizontal bar graph figure for measure indicators reported administratively is shown below in Figure 2-2.

Figure 2-2—Sample Horizontal Bar Graph Figure for Administrative Measures



For performance measure rates that were reported using the hybrid method, the “ADMIN%” column presented with each horizontal bar graph figure displays the percentage of the rate derived from administrative data (e.g., claims data and supplemental data). The portion of the bar shaded yellow represents the proportion of the total measure rate attributed to medical record review, while the portion of the bar shaded light blue indicates the proportion of the measure rate that was derived using the administrative method. This percentage describes the level of claims/encounter data completeness of the MHP data for calculating a particular performance measure. A low administrative data percentage suggests that the MHP relied heavily on medical records to report the rate. Conversely, a high administrative data percentage indicates that the MHP’s claims/encounter data were relatively complete for use in calculating the performance measure indicator rate. An administrative percentage of 100 percent indicates that the MHP did not report the measure indicator rate using the hybrid method. An example of the horizontal bar graph figure for measure indicators reported using the hybrid method is shown in Figure 2-3.

Figure 2-3—Sample Horizontal Bar Graph Figure for Hybrid Measures



Percentile Rankings and Star Ratings

In addition to illustrating MHP and statewide performance via side-by-side comparisons to national percentiles, benchmark comparisons are denoted within Appendix B of this report using the percentile ranking performance levels and star ratings defined below in Table 2-3.

Table 2-3—Percentile Ranking Performance Levels

| Star Rating | Performance Level |
|-------------|--|
| ★★★★★ | At or above the 90th percentile |
| ★★★★ | At or above the 75th percentile but below the 90th percentile |
| ★★★ | At or above the 50th percentile but below the 75th percentile |
| ★★ | At or above the 25th percentile but below the 50th percentile |
| ★ | Below the 25th percentile |
| NA | NA indicates that the MHP followed the specifications, but the denominator was too small (<30) to report a valid rate. |
| NB | NB indicates that the MHP did not offer the health benefit required by the measure. |

Measures in the Health Plan Diversity and Utilization measure domains are designed to capture the frequency of services provided and characteristics of the populations served. With the exception of *Ambulatory Care—Total (Per 1,000 Member Months)—ED Visits*, *Use of Opioids From Multiple Providers*, *Use of Opioids at High Dosage*, *Risk of Continued Opioid Use*, and *Plan All-Cause Readmissions*, higher or lower rates in these domains do not necessarily indicate better or worse performance. A lower rate for *Ambulatory Care—Total (Per 1,000 Member Months)—ED Visits* may indicate a more favorable performance since lower rates of ED services may indicate better utilization of services. Further, measures under the Health Plan Diversity measure domain provide insight into how member race/ethnicity or language characteristics are compared to national distributions and are not suggestive of plan performance.

For the *Ambulatory Care—Total (Per 1,000 Member Months)—ED Visits* and *Plan All-Cause Readmissions* measure indicators, HSAG inverted the star ratings to be consistently applied to these measures as with the other HEDIS measures. For example, the 10th percentile (a lower rate) was inverted to become the 90th percentile, indicating better performance.

Of note, MHP and statewide average rates were rounded to the second decimal place before performance levels were determined. As HSAG assigned star ratings, an em dash (—) was presented to indicate that the measure indicator was not required and not presented in previous years' HEDIS

deliverables; or that a performance level was not presented in this report either because the measure did not have an applicable benchmark or a comparison to benchmarks was not appropriate.

Performance Trend Analysis

In addition to the star rating results, HSAG also compared HEDIS MY 2020 MWA and MHP rates to the corresponding HEDIS MY 2019 MWA rates. HSAG also evaluated the extent of changes observed in the rates between years. Year-over-year performance comparisons are based on the Chi-square test of statistical significance with a p value <0.05 for MHP rate comparisons and a p value <0.01 for MWA rate comparisons. Note that statistical testing could not be performed on the utilization-based measures domain given that variances were not available in the IDSS files for HSAG to use for statistical testing. Further statistical testing was not performed on the health plan diversity measures because these measures are for information purposes only.

In general, results from statistical significance testing provide information on whether a change in the rate may suggest improvement or decline in performance. Throughout the report, references to “significant” changes in performance are noted; these instances refer to statistically significant differences between performance from HEDIS MY 2019 MWA to HEDIS MY 2020. At the statewide level, if the number of MHPs reporting *NR* or *BR* differs vastly from year to year, the statewide performance may not represent all of the contracted MHPs, and any changes observed across years may need to take this factor into consideration. Nonetheless, changes (regardless of whether they are significant) could be related to the following factors independent of any effective interventions designed to improve the quality of care:

- Substantial changes in measure specifications. The “Measure Changes Between HEDIS MY 2019 MWA and HEDIS MY 2020” section below lists measures with specification changes made by NCQA.
- Substantial changes in membership composition within the MHP.

Table and Figure Interpretation

Within Sections 3 through 8 and Appendix B of this report, performance measure indicator rates and results of significance testing between HEDIS MY 2019 MWA and HEDIS MY 2020 are presented in tabular format. HEDIS MY 2020 rates shaded green with one cross (+) indicate a significant improvement in performance from the previous year. HEDIS MY 2020 rates shaded red with two crosses (++) indicate a significant decline in performance from the previous year. The colors used are provided below for reference:



Indicates that the HEDIS MY 2020 MWA demonstrated a significant improvement from the HEDIS MY 2019 MWA.



Indicates that the HEDIS MY 2020 MWA demonstrated a significant decline from the HEDIS MY 2019 MWA.

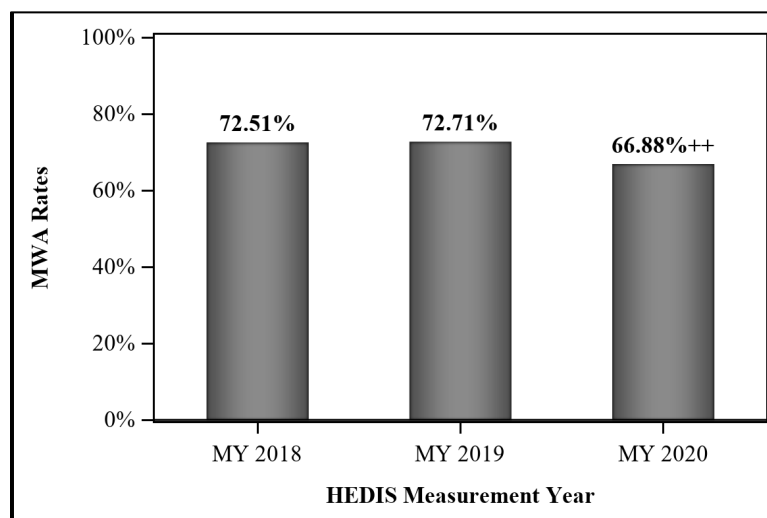
Additionally, benchmark comparisons are denoted within Sections 3 through 8. Performance levels are represented using the following percentile rankings:

Table 2-4—Percentile Ranking Performance Levels

| Percentile Ranking and Shading | Performance Level |
|--------------------------------|---|
| ≥90th | At or above the 90th percentile |
| ≥75th and ≤89th | At or above the 75th percentile but below the 90th percentile |
| ≥50th and ≤74th | At or above the 50th percentile but below the 75th percentile |
| ≥25th and ≤49th | At or above the 25th percentile but below the 50th percentile |
| ≤25th | Below the 25th percentile |

For each performance measure indicator presented in Sections 3 through 8 of this report, the vertical bar graph figure positioned on the left side of the page presents the HEDIS MY 2018, HEDIS MY 2019 MWA, and HEDIS MY 2020 MWAs with significance testing performed between the HEDIS MY 2019 MWA and HEDIS MY 2020 MWAs. Within these figures, HEDIS MY 2020 rates with one cross (+) indicate a significant improvement in performance from HEDIS MY 2019 MWA. HEDIS MY 2020 rates with two crosses (++) indicate a significant decline in performance from HEDIS MY 2019 MWA. An example of the vertical bar graph figure for measure indicators reported is included in Figure 2-4.

Figure 2-4—Sample Vertical Bar Graph Figure Showing Significant Improvement



Interpreting Results Presented in This Report

HEDIS results can differ among MHPs and even across measures for the same MHP.

The following questions should be asked when examining these data:

How accurate are the results?

All Michigan MHPs are required by MDHHS to have their HEDIS results confirmed through an NCQA HEDIS Compliance Audit. As a result, any rate included in this report has been verified as an unbiased estimate of the measure. NCQA's HEDIS protocol is designed so that the hybrid method produces results with a sampling error of ± 5 percent at a 95 percent confidence level.

To show how sampling error affects the accuracy of results, an example was provided in the "Data Collection Methods" section above. When an MHP uses the hybrid method to derive a *Postpartum Care* rate of 52 percent, the true rate is actually within ± 5 percentage points of this rate, due to sampling error. For a 95 percent confidence level, the rate would be between 47 percent and 57 percent. If the target is a rate of 55 percent, it cannot be said with certainty whether the true rate between 47 percent and 57 percent meets or does not meet the target level.

To prevent such ambiguity, this report uses a standardized methodology that requires the reported rate to be at or above the threshold level to be considered as meeting the target. For internal purposes, MHPs should understand and consider the issue of sampling error when evaluating HEDIS results.

How do Michigan Medicaid rates compare to national percentiles?

For each measure, an MHP ranking presents the reported rate in order from highest to lowest, with bars representing the established HPL, LPL, and the national HEDIS MY 2019 MWA Medicaid 50th percentile. In addition, the HEDIS MY 2018, MY 2019, and MY 2020 MWA rates are presented for comparison purposes.

Michigan MHPs with reported rates above the 90th percentile (HPL) rank in the top 10 percent of all MHPs nationally. Similarly, MHPs reporting rates below the 25th percentile (LPL) rank in the bottom 25 percent nationally for that measure.

How are Michigan MHPs performing overall?

For each domain of care, a performance profile analysis compares the MY 2020 MWA for each rate with the MY 2018 and MY 2019 MWA and the 50th percentile.

Measure Changes Between HEDIS MY 2019 MWA and HEDIS MY 2020

The following is a list of measures with technical specification changes that NCQA announced for HEDIS MY 2020.²⁻¹ These changes may have an effect on the HEDIS MY 2020 rates that are presented in this report.

Childhood Immunization Status

- Added a requirement that LAIV (influenza) vaccination must occur on the child's second birthday.

Well-Child Visits in the First 30 Months of Life

- Revised the measure name to Well-Child Visits in the First 30 Months of Life.
- Retired the 0, 1, 2, 3, 4 and 5 well-child visit rates.
- Added Rate 2 for children who turned 30 months old during the measurement year and had two or more well-child visits in the last 15 months.
- Removed the Hybrid Data Collection Method.
- Removed the telehealth exclusion.
- Revised the Data Elements for Reporting table.
- Revised the Ages criteria in the Rules for Allowable Adjustments section to only allow ranges within the specified age range of the measure.

Lead Screening in Children

- Removed the limits to the Ages column in the Rules for Allowable Adjustment of HEDIS section.

Child and Adolescent Well-Care Visits

- This measure is a combination measure that replaces the former "Well-Child Visits in the Third, Fourth, Fifth and Sixth Years of Life" and "Adolescent Well-Care Visits" HEDIS measures.
- Added members age 7–11 years.
- Removed the Hybrid Data Collection Method.
- Removed the telehealth exclusion.
- Revised the Data Elements for Reporting table.

²⁻¹ National Committee for Quality Assurance. *HEDIS® MY 2020 & MY 2021, Volume 2: Technical Specifications for Health Plans*. Washington, DC: NCQA Publication, 2016.

- Revised the Ages criteria in the Rules for Allowable Adjustments section to only allow ranges within the specified age range.

Follow-Up Care for Children Prescribed ADHD Medication

- Clarified in step 4 (of both rates) when the diagnosis must be on the discharge claim.
- Added telehealth and telephone visits to the Rate 1 numerator.
- Added e-visits and virtual check-ins to the Rate 2 numerator and modified the telehealth restrictions.

Cervical Cancer Screening

- Added palliative care as a required exclusion.
- Updated the Hybrid Specification to indicate that sample size reduction is allowed.
- Clarified that documentation of “vaginal hysterectomy” meets criteria for documentation of hysterectomy with no residual cervix (optional exclusion).
- Added the “Number of required exclusions” data element to the Data Elements for Reporting table.
- Added guidance adjusting required exclusions criteria in the Rules for Allowable Adjustments section.

Breast Cancer Screening

- Added palliative care as a required exclusion.
- Added telephone visits, e-visits and virtual check-ins to the advanced illness exclusion.
- Added Donepezil-memantine to the “Dementia combinations” description in the Dementia Medications List.
- Added the “Number of required exclusions” data element to the Data Elements for Reporting table.
- Added guidance adjusting required exclusions criteria in the Rules for Allowable Adjustments section.

Avoidance of Antibiotic Treatment for Acute Bronchitis/Bronchiolitis

- Updated the instructions for excluding visits that result in an inpatient stay.
- In the Rules for Allowable Adjustments section, clarified that the numerator criteria may be adjusted with limits.

Appropriate Testing for Pharyngitis

- Updated the instructions for excluding visits that result in an inpatient stay.
- Deleted step 8; this step is unnecessary because these members are removed in step 5.

Appropriate Treatment for Upper Respiratory Infection

- Updated the instructions for excluding visits that result in an inpatient stay.
- In the Rules for Allowable Adjustments section, clarified that the numerator criteria may be adjusted with limits.

Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents

- Removed the exclusion of member-reported biometric values (body mass index, height and weight).
- Added a Note to clarify that services rendered during a telephone visit, e-visit or virtual check-in meet criteria for the Counseling for Nutrition and Counseling for Physical Activity indicators.

Prenatal and Postpartum Care

- Revised the definition of last enrollment segment.
- Clarified that visits that occur prior to the enrollment start date (during the pregnancy) meet criteria.
- Added telephone visits (Telephone Visits Value Set) e-visits and virtual check-ins (Online Assessments Value Set) to the Timeliness of Prenatal Care rate (administrative specification) and clarified in the Notes that services provided via telephone, e-visit or virtual check-in are eligible for use in reporting both rates.
- Updated the Hybrid specification to indicate that sample size reduction is allowed using only the current year's administrative rate for MY 2020; for MY 2021, organizations may reduce the sample size using the current year's administrative rate or the prior year's audited, product line-specific rate.
- Added examples of "pregnancy diagnosis" in the Hybrid specification of the Timeliness of Prenatal Care indicator.

Comprehensive Diabetes Care

- Retired the "HbA1c control (<7.0%) for a selected population" indicator.
- Retired the "Medical Attention for Nephropathy" indicator for the commercial and Medicaid product lines.
- Clarified in the measure description that organizations must use the same data collection method for the HbA1c testing and control indicators (this information was previously included in the General Guidelines).

- Removed the restriction that only one of the two visits with a diabetes diagnosis be an outpatient telehealth, telephone visit, e-visit or virtual check-in when identifying the event/diagnosis.
- Added telephone visits, e-visits and virtual check-ins to the advanced illness exclusion.
- Added palliative care as a required exclusion.
- Deleted the HbA1c Level 7.0–9.0 Value Set.
- Updated the Administrative Specification logic and value sets for the Eye Exam indicator.
- Added telephone visits, e-visits and virtual check-ins to the Administrative Specification as appropriate settings for BP readings.
- Added Nebivolol-valsartan to the “Antihypertensive combinations” description in the ACE inhibitor and ARB Medications List.
- Added Donepezil-memantine to the “Dementia combinations” description in the Dementia Medications List.
- Added polycystic ovarian syndrome to the optional exclusions.
- Added a Note to the Denominator-Sample Size Reduction section in the Hybrid Specification.
- Clarified that documentation of “HB1c” meets criteria for the Hybrid Specification of the HbA1c testing indicator.
- Clarified that eye exam results read by a system that provides an artificial intelligence (AI) interpretation meet criteria.
- Removed the requirements for remote monitoring devices to allow BPs taken by any digital device.
- Removed the exclusion of BP readings reported or taken by the member.
- Revised the Data Elements for Reporting tables.
- In the Rules for Allowable Adjustments section, clarified that the required exclusions criteria may be adjusted with limits.

Kidney Health Evaluation for Patients With Diabetes

- First-year measure (MY 2020).

Asthma Medication Ratio

- Removed the restriction that only three of the four visits with an asthma diagnosis be an outpatient telehealth, telephone visit, e-visit or virtual check-in when identifying the event/diagnosis.
- Clarified in step 1 when the diagnosis must be on the discharge claim.
- Added Dupilumab to the “Anti-interleukin-4” description in the Dupilumab Medications List.
- Clarified NDC code mapping requirements in the Notes.

Controlling High Blood Pressure

- Revised the time frame in the event/diagnosis criteria to look for two outpatient visits with a diagnosis of hypertension in the first six months of the measurement year and the year prior to the measurement year.
- Removed the restriction that only one of the two visits with a hypertension diagnosis be an outpatient telehealth, telephone visit, e-visit or virtual check-in when identifying the event/diagnosis.
- Added palliative care as a required exclusion.
- Added telephone visits, e-visits and virtual check-ins to the advanced illness exclusion.
- Added Donepezil-memantine to the “Dementia combinations” description in the Dementia Medications List.
- In the Administrative Specification, added telephone visits, e-visits and virtual check-ins as appropriate settings for BP readings.
- Updated the Hybrid Specification to indicate that sample size reduction is not allowed for MY 2020; sample size reduction is allowed for MY 2021.
- Removed the requirements for remote monitoring devices to allow BPs taken by any digital device.
- Removed the exclusion of BP readings reported or taken by the member.
- Added the “Number of required exclusions” data element to the Data Elements for Reporting table.
- Added guidance for adjusting required exclusions in the Rules for Allowable Adjustments section.

Antidepressant Medication Management

- Added e-visits and virtual check-ins to the event/diagnosis (step 2 required exclusion).

Diabetes Screening for People With Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications

- Added telephone visits, e-visits and virtual check-ins to step 1 of the event/diagnosis.
- Removed the restriction that only one of the two visits with a diabetes diagnosis be an outpatient telehealth, telephone visit, e-visit or virtual check-in when identifying the event/diagnosis, step 2 required exclusions.

Diabetes Monitoring for People With Diabetes and Schizophrenia

- Added telephone visits, e-visits and virtual check-ins to step 1 of the event/diagnosis.
- Removed the restriction that only one of the two visits with a diabetes diagnosis be an outpatient telehealth, telephone visit, e-visit or virtual check-in when identifying the event/diagnosis.
- Added polycystic ovarian syndrome to the optional exclusions.

Cardiovascular Monitoring for People With Cardiovascular Disease and Schizophrenia

- Clarified in step 2 when the diagnosis must be on the discharge claim.
- Added telephone visits, e-visits and virtual check-ins to step 1 of the event/diagnosis.
- Removed the restriction that only one of the two visits with an IVD diagnosis be an outpatient telehealth, telephone visit, e-visit or virtual check-in when identifying the event/diagnosis.

Adherence to Antipsychotic Medications for Individuals With Schizophrenia

- Relabeled step 2 to “Required exclusions” and moved the exclusions for members with advanced illness, frailty, enrolled in an I-SNP or living long-term in an institutional setting to a new step 3 labeled as “exclusions.”
- Added telephone visits, e-visits and virtual check-ins to step 1 of the event/diagnosis.
- Added telephone visits, e-visits and virtual check-ins to the advanced illness exclusion.
- Added Donepezil-memantine to the “Dementia combinations” description in the Dementia Medications List.

Race/Ethnicity Diversity of Membership

- Revised the note referring to total member counts.
- Revised the Data Elements for Reporting tables.

Language Diversity of Membership

- Revised the Data Elements for Reporting tables.

Use of Opioids From Multiple Providers

- Added the Aspirin Codeine Medications List, the Codeine Phosphate Medications List and the Acetaminophen Benzhydrocodone Medications List.
- Clarified the instructions for calculating covered days.
- In the Rules for Allowable Adjustments section, clarified that the event/diagnosis and numerator criteria may be adjusted with limits.

Use of Opioids at High Dosage

- Clarified the instructions for calculating covered days for the numerator.
- Clarified the instructions for treatment period.
- Added palliative care as a required exclusion.

- Added medication lists for acetaminophen benzhydrocodone, aspirin codeine and codeine phosphate.
- In the Rules for Allowable Adjustments section, clarified that the event/diagnosis, required exclusions and numerator criteria may be adjusted with limits.

Risk of Continued Opioid Use

- Added the Aspirin Codeine Medications List, the Codeine Phosphate Medications List and the Acetaminophen Benzhydrocodone Medications List.
- Clarified the instructions for calculating covered days.
- Added palliative care as a required exclusion.
- In the Rules for Allowable Adjustments section clarified that the event/diagnosis, required exclusions and numerator criteria may be adjusted with limits.

Plan All-Cause Readmissions

- Revised the measure description.
- Added a Note to the definition of “plan population” to clarify that it should be used as a denominator for the outlier rate.
- Removed “Risk Adjustment Tables” from the Definitions.
- Replaced references to “Table HCC-Surg” with references to the “Surgery Procedure Value Set” in the Risk Adjustment Determination section.
- Replaced references to “Table PCR-DischCC” with “Table CC_Mapping” in the Risk Adjustment Determination section.
- Updated the Note in the Risk Adjustment Weighting section for IHS that are discharged or transferred to skilled nursing care.
- Removed references to specific risk weight tables in the Risk Adjustment Weighting section.
- Clarified rounding rules in step 8 of the Risk Adjustment Weighting section.
- Revised the data element tables to separate the Medicaid and commercial product lines from the Medicare product line.

3. Child & Adolescent Care

Introduction

The Child & Adolescent Care domain encompasses the following HEDIS measures:

- *Childhood Immunization Status—Combinations 2–10*
- *Well-Child Visits in the First 30 Months of Life—Well-Child Visits in the First 15 Months—Six or More Well-Child Visits and Well-Child Visits for Age 15 Months to 30 Months—Two or More Well-Child Visits*
- *Lead Screening in Children*
- *Child and Adolescent Well-Care Visits—Ages 3 to 11 Years, Ages 12 to 17 Years, Ages 18 to 21 Years, and Total*
- *Immunizations for Adolescents—Combinations 1 and 2*
- *Follow-Up Care for Children Prescribed ADHD Medication—Initiation Phase and Continuation and Maintenance Phase*

Please see the “How to Get the Most From This Report” section for guidance on interpreting the figures presented within this section. For reference, additional analyses for each measure indicator are displayed in Appendices A, B, and C.

Summary of Findings

Table 3-1 presents the Michigan MWA performance for the measure indicators under the Child & Adolescent Care domain. The table lists the HEDIS MY 2020 MWA rates and performance levels, a comparison of the HEDIS MY 2019 MWA to the HEDIS MY 2020 MWA for each measure indicator with trend analysis results, and a summary of the MHPs with rates demonstrating significant changes from HEDIS MY 2019 to HEDIS MY 2020.

Table 3-1—HEDIS MY 2020 MWA Performance Levels and Trend Results for Child & Adolescent Care

| Measure | HEDIS MY 2020 MWA and Performance Level ¹ | HEDIS MY 2019 MWA—HEDIS MY 2020 MWA Comparison ² | Number of MHPs With Statistically Significant Improvement in HEDIS MY 2020 | Number of MHPs With Statistically Significant Decline in HEDIS MY 2020 |
|--------------------------------------|--|---|--|--|
| <i>Childhood Immunization Status</i> | | | | |
| <i>Combination 2</i> | 66.88% | -5.83 ⁺⁺ | 0 | 6 |
| <i>Combination 3</i> | 64.00% | -4.36 ⁺⁺ | 0 | 3 |

| Measure | HEDIS MY 2020 MWA and Performance Level ¹ | HEDIS MY 2019 MWA– HEDIS MY 2020 MWA Comparison ² | Number of MHPs With Statistically Significant Improvement in HEDIS MY 2020 | Number of MHPs With Statistically Significant Decline in HEDIS MY 2020 |
|---|--|--|--|--|
| <i>Combination 4</i> | 63.16% | -4.38 ⁺⁺ | 0 | 3 |
| <i>Combination 5</i> | 56.31% | -2.75 ⁺⁺ | 0 | 1 |
| <i>Combination 6</i> | 37.33% | -0.53 | 0 | 1 |
| <i>Combination 7</i> | 55.64% | -2.80 ⁺⁺ | 0 | 2 |
| <i>Combination 8</i> | 37.17% | -0.52 | 0 | 1 |
| <i>Combination 9</i> | 33.37% | -0.23 | 0 | 1 |
| <i>Combination 10</i> | 33.22% | -0.22 | 0 | 1 |
| Well-Child Visits in the First 30 Months of Life | | | | |
| <i>Well-Child Visits in the First 15 Months—Six or More Well-Child Visits³</i> | 61.88% | NC | NC | NC |
| <i>Well-Child Visits for Age 15 Months to 30 Months—Two or More Well-Child Visits⁴</i> | 67.71% | NC | NC | NC |
| Lead Screening in Children | | | | |
| <i>Lead Screening in Children</i> | 73.44% | -4.83 ⁺⁺ | 0 | 6 |
| Child and Adolescent Well-Care Visits³ | | | | |
| <i>Ages 3 to 11 Years</i> | 50.92% | NC | NC | NC |
| <i>Ages 12 to 17 Years</i> | 42.35% | NC | NC | NC |
| <i>Ages 18 to 21 Years</i> | 27.36% | NC | NC | NC |
| <i>Total</i> | 44.59% | NC | NC | NC |
| Immunizations for Adolescents | | | | |
| <i>Combination 1</i> | 82.68% | -2.60 ⁺⁺ | 0 | 1 |
| <i>Combination 2</i> | 37.95% | -2.45 ⁺⁺ | 0 | 0 |
| Follow-Up Care for Children Prescribed ADHD Medication⁵ | | | | |
| <i>Initiation Phase</i> | 46.03% | +1.59 | 1 | 0 |
| <i>Continuation and Maintenance Phase</i> | 57.74% | +3.09 | 2 | 0 |

¹ HEDIS MY 2020 performance levels were based on comparisons of the HEDIS MY 2020 MWA rates to national Medicaid Quality Compass HEDIS MY 2019 MWA benchmarks. HEDIS MY 2020 performance levels represent the following percentile comparisons:

| | | | | |
|-------|-----------------|-----------------|-----------------|-------|
| ≤25th | ≥25th and ≤49th | ≥50th and ≤74th | ≥75th and ≤89th | ≥90th |
|-------|-----------------|-----------------|-----------------|-------|

² HEDIS MY 2019 MWA to HEDIS MY 2020 MWA comparisons were based on a Chi-square test of statistical significance with a p-value <0.01 due to large denominators.

³ Due to changes in the technical specifications for this measure, NCQA recommends a break in trending between MY 2020 and prior years; therefore, prior years' rates will not be displayed and comparisons to benchmarks will not be performed for this measure.

⁴ This measure is a first-year measure; therefore, prior years' rates cannot be displayed and comparisons to benchmarks cannot be performed for this measure as benchmarks are not yet available.

⁵ Due to changes in the technical specifications for this measure, NCQA recommends trending between MY 2020 and prior years be considered with caution.

NC indicates that a comparison to HEDIS MY 2019 performance is not appropriate.

Red Shading⁺⁺ Indicates that the HEDIS MY 2020 MWA demonstrated a significant decline from the HEDIS MY 2019 MWA.

Table 3-1 shows that for the Child & Adolescent Care domain, the *Follow-Up Care for Children Prescribed ADHD Medication—Initiation Phase* and *Continuation and Maintenance Phase* measure was an area of strength. Both measure indicators ranked above the 50th percentile and demonstrated improvements. Priority ranked above the 50th percentile for the most measures within the Child & Adolescent Care domain (*Childhood Immunization Status—Combinations 2–10*, *Lead Screening in Children*, and *Immunizations for Adolescents—Combination 1* and *Combination 2*). Total Health and Blue Cross were the only MHPs to rank above the HPL for one indicator each within the *Follow-Up Care for Children Prescribed ADHD Medication* measure.

The MWA demonstrated a significant decline for the *Childhood Immunization Status—Combinations 2, 3, 4, 5, and 7*, *Lead Screening in Children*, and *Immunizations for Adolescents—Combination 1 and Combination 2* indicators, decreasing by over two percentage points. *Lead Screening in Children* had the highest number of MHPs that demonstrated a statistically significant decline in HEDIS MY 2020, as well as a MWA decrease of nearly five percentage points from HEDIS MY 2019. Additionally, the MWA ranked below the 49th percentile for all indicators for the *Childhood Immunization Status* measure.

MDHHS should work with the MHPs and providers to identify potential root causes for the significant decline for the *Lead Screening in Children* measure and work towards possibly increasing the administration of lead blood tests for children 2 years of age. Screening for lead is an easy way to detect an abnormal blood lead level in children. There is no safe blood lead level. If not found early, exposure to lead and high blood levels can lead to irrevocable effects on a child's physical and mental health.³⁻¹ If the decline in children receiving these tests is identified as linked to the COVID-19 public health emergency, MDHHS is encouraged to work with other state Medicaid agencies facing similar barriers, to identify safe methods for children to have access to this important test.

Additionally, MDHHS should work with the MHPs and providers to target improving childhood vaccination rates due to the significant decline across multiple indicators for the *Childhood Immunization Status* measure. The ongoing COVID-19 pandemic is a reminder of the importance of vaccination. The identified declines in routine pediatric vaccine ordering and doses administered might indicate that United States children and their communities face increased risks for outbreaks of vaccine-preventable diseases. Reminding parents of the vital need to protect their children against serious vaccine-preventable diseases, even as the COVID-19 pandemic continues, is critical. As social distancing requirements are relaxed, children who are not protected by vaccines will be more vulnerable

³⁻¹ National Committee for Quality Assurance. Lead Screening in Children. Available at: <https://www.ncqa.org/hedis/measures/lead-screening-in-children/>. Accessed on: September 17, 2021.

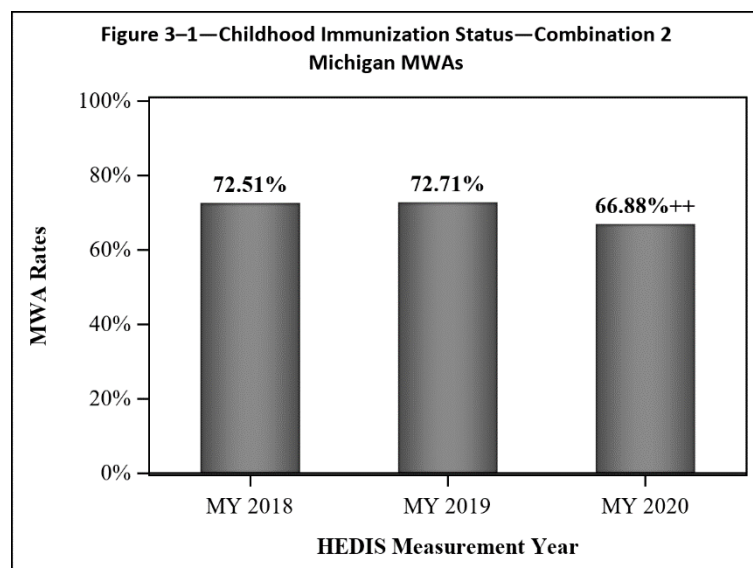
to diseases such as measles. In response, continued coordinated efforts between health care providers and public health officials at the local, state, and federal levels will be necessary to achieve rapid catch-up vaccination.³⁻²

³⁻² The Centers for Disease Control and Prevention. Effects of the COVID-19 Pandemic on Routine Pediatric Vaccine Ordering and Administration — United States, 2020. Available at: <https://www.cdc.gov/mmwr/volumes/69/wr/mm6919e2.htm/>. Accessed on: September 17, 2021.

Measure-Specific Findings

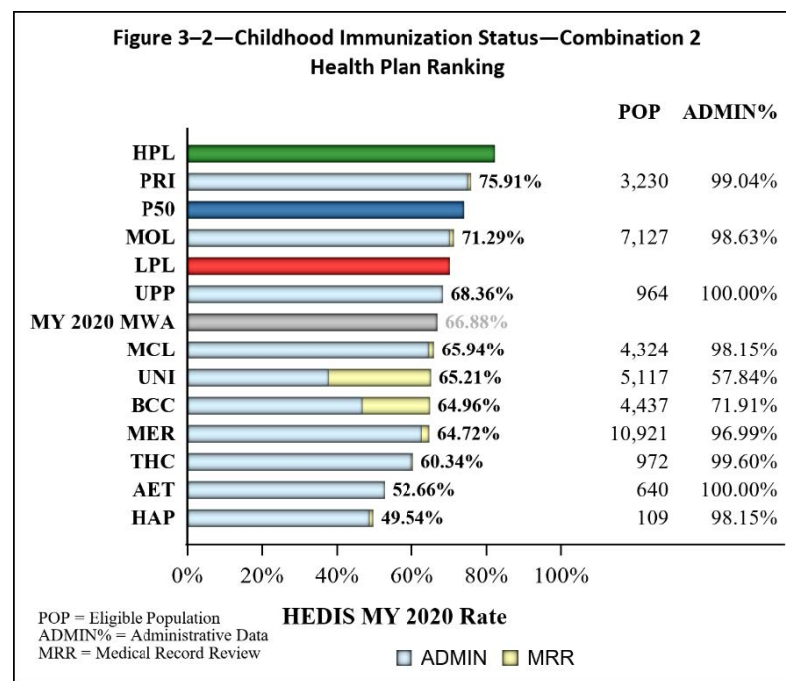
Childhood Immunization Status—Combination 2

Childhood Immunization Status—Combination 2 assesses the percentage of children 2 years of age who received the following vaccines by their second birthday: four diphtheria, tetanus, and acellular pertussis (DTaP), three polio (IPV), one measles, mumps and rubella (MMR), three haemophilus influenza type B (HiB), three hepatitis B (HepB), and one chicken pox (VZV).



Rates with one cross (++) indicate a significant decline in performance from the previous year.

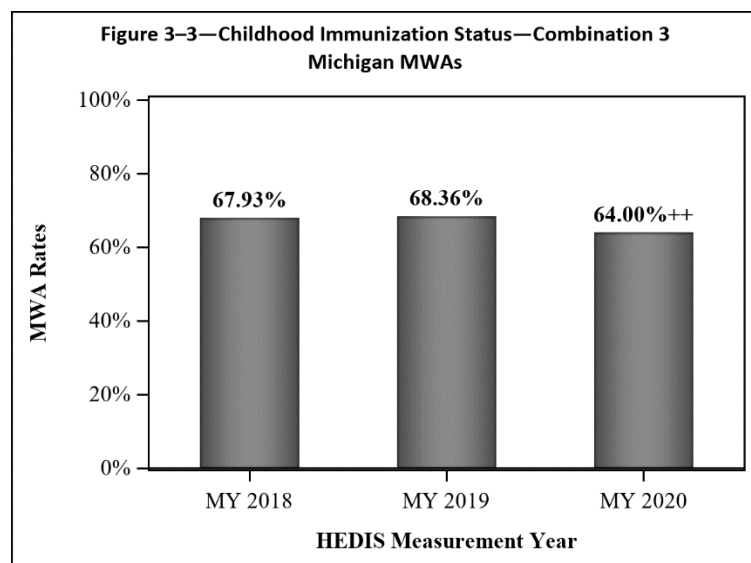
The HEDIS MY 2020 MWA rate significantly declined from HEDIS MY 2019.



One MHP ranked above the 50th percentile but fell below the HPL. Eight MHPs fell below the LPL. MHP performance varied by over 26 percentage points.

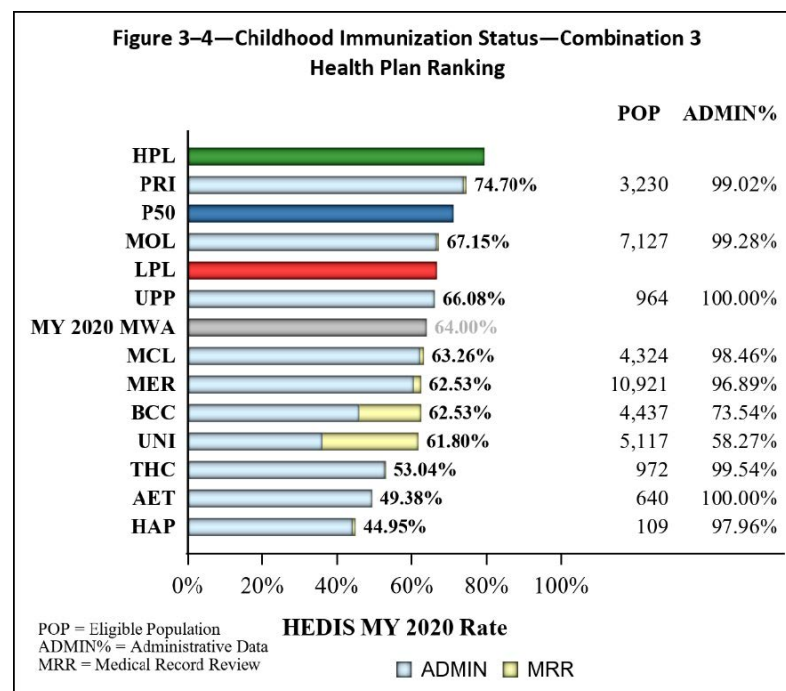
Childhood Immunization Status—Combination 3

Childhood Immunization Status—Combination 3 assesses the percentage of children 2 years of age who received the following vaccines by their second birthday: four DTaP, three IPV, one MMR, three HiB, three HepB, one VZV, and four pneumococcal conjugate (PCV).



Rates with one cross (++) indicate a significant decline in performance from the previous year.

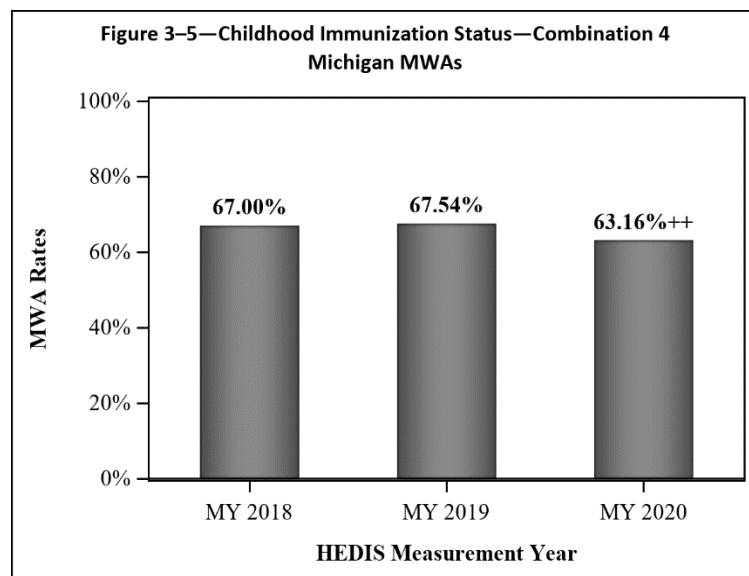
The HEDIS MY 2020 MWA rate significantly declined from HEDIS MY 2019.



One MHP ranked above the 50th percentile but fell below the HPL. Eight MHPs fell below the LPL. MHP performance varied by over 29 percentage points.

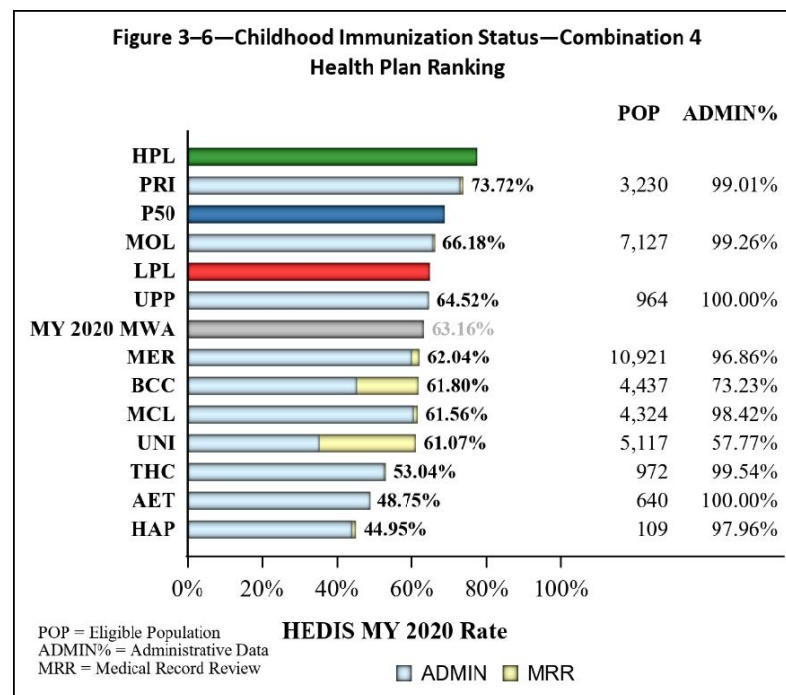
Childhood Immunization Status—Combination 4

Childhood Immunization Status—Combination 4 assesses the percentage of children 2 years of age who received the following vaccines by their second birthday: four DTaP, three IPV, one MMR, three HiB, three HepB, one VZV, four PCV, and one HepA.



Rates with one cross (++) indicate a significant decline in performance from the previous year.

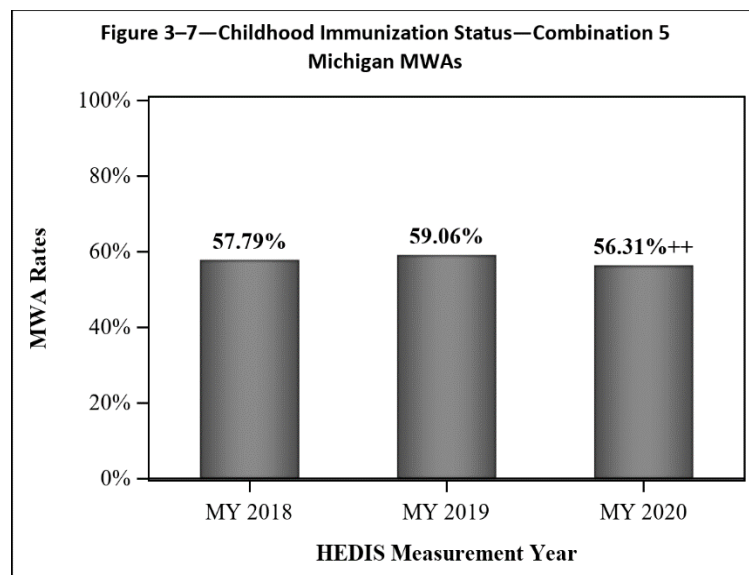
The HEDIS MY 2020 MWA rate significantly declined from HEDIS MY 2019.



One MHP ranked above the 50th percentile but fell below the HPL. Eight MHPs fell below the LPL. MHP performance varied by over 28 percentage points.

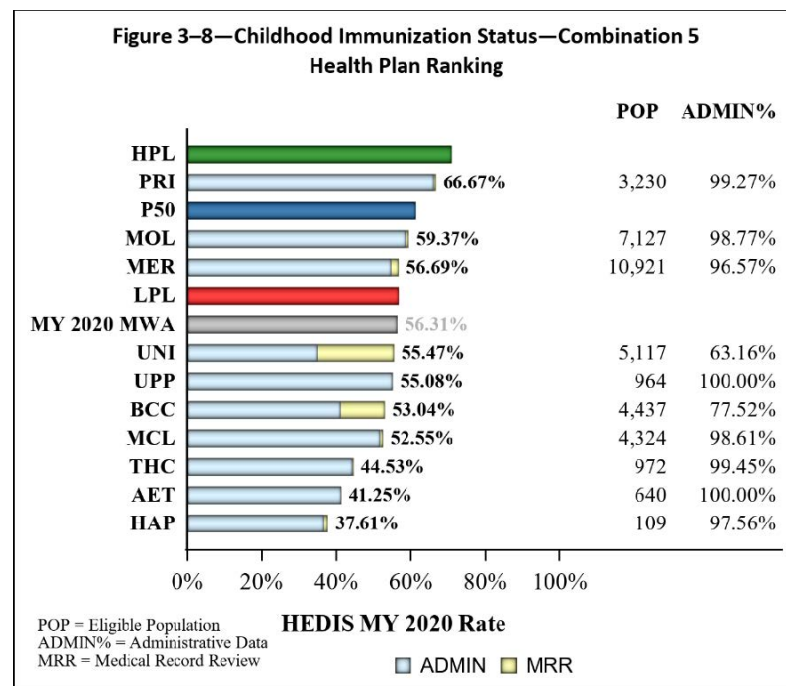
Childhood Immunization Status—Combination 5

Childhood Immunization Status—Combination 5 assesses the percentage of children 2 years of age who received the following vaccines by their second birthday: four DTaP, three IPV, one MMR, three HiB, three HepB, one VZV, four PCV, and two or three rotavirus (RV).



Rates with one cross (++) indicate a significant decline in performance from the previous year.

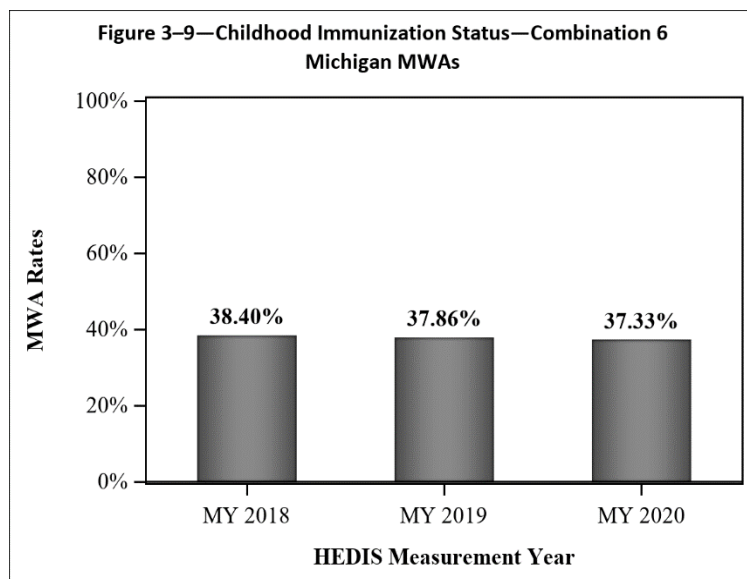
The HEDIS MY 2020 MWA rate significantly declined from HEDIS MY 2019.



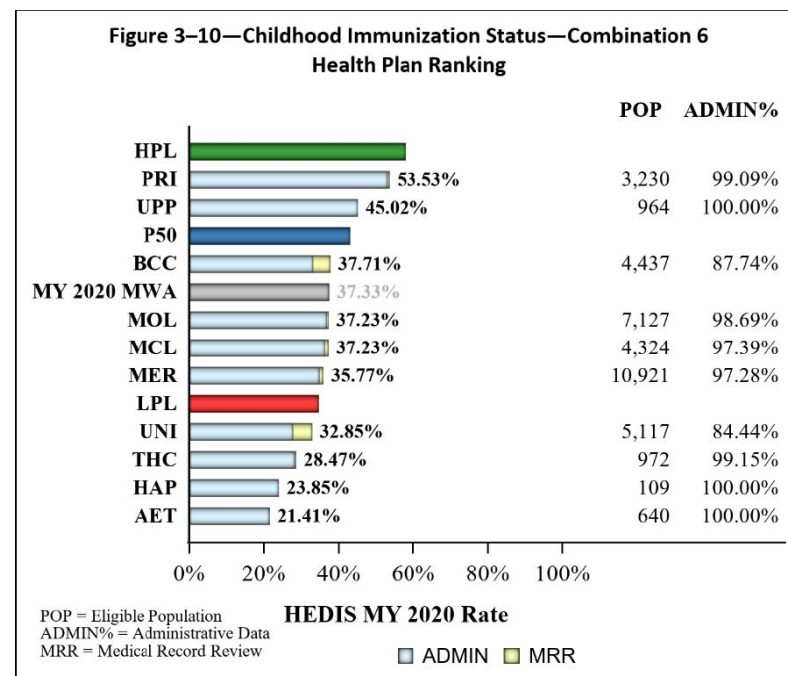
One MHP ranked above the 50th percentile but fell below the HPL. Seven MHPs fell below the LPL. MHP performance varied by over 29 percentage points.

Childhood Immunization Status—Combination 6

Childhood Immunization Status—Combination 6 assesses the percentage of children 2 years of age who received the following vaccines by their second birthday: four DTaP, three IPV, one MMR, three HiB, three HepB, one VZV, four PCV, and two influenza (flu).



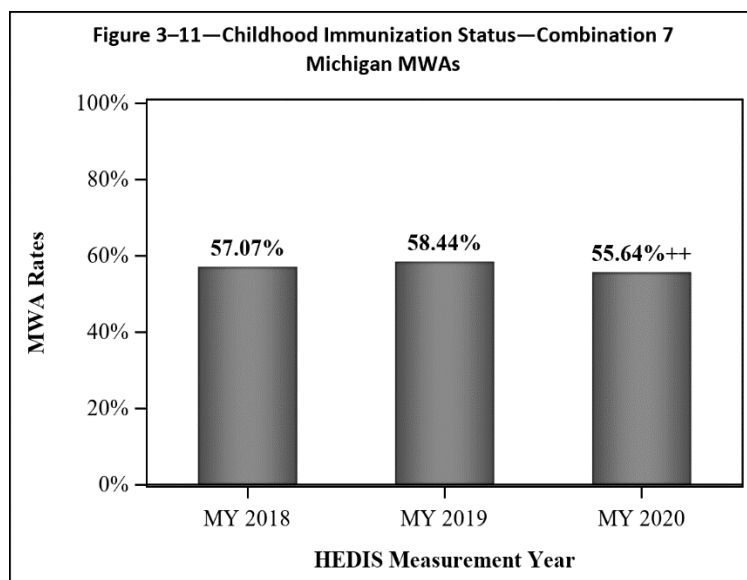
The HEDIS MY 2020 MWA rate did not demonstrate a significant change from HEDIS MY 2019.



Two MHPs ranked above the 50th percentile but fell below the HPL. Four MHPs fell below the LPL. MHP performance varied by over 32 percentage points.

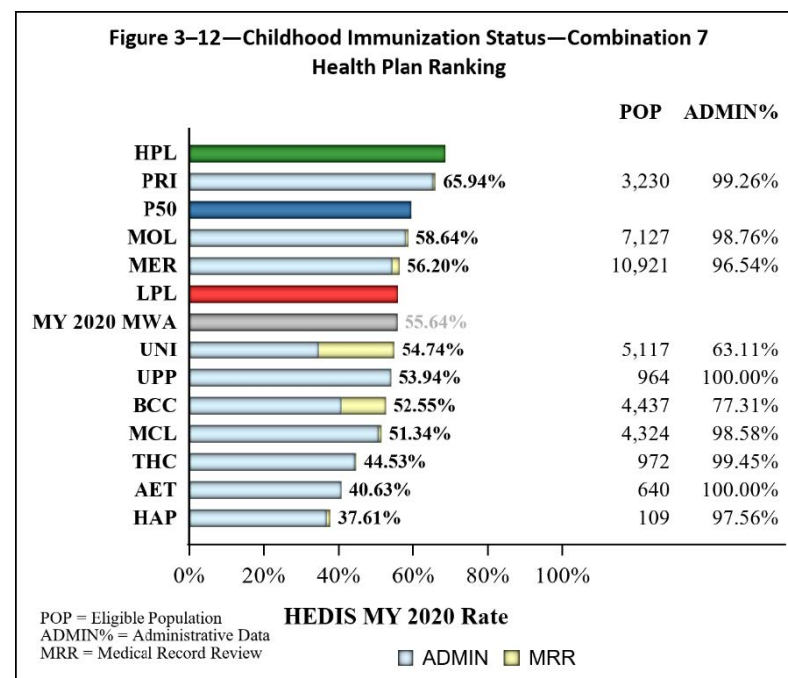
Childhood Immunization Status—Combination 7

Childhood Immunization Status—Combination 7 assesses the percentage of children 2 years of age who received the following vaccines by their second birthday: four DTaP, three IPV, one MMR, three HiB, three HepB, one VZV, four PCV, one HepA, and two or three RV.



Rates with one cross (++) indicate a significant decline in performance from the previous year.

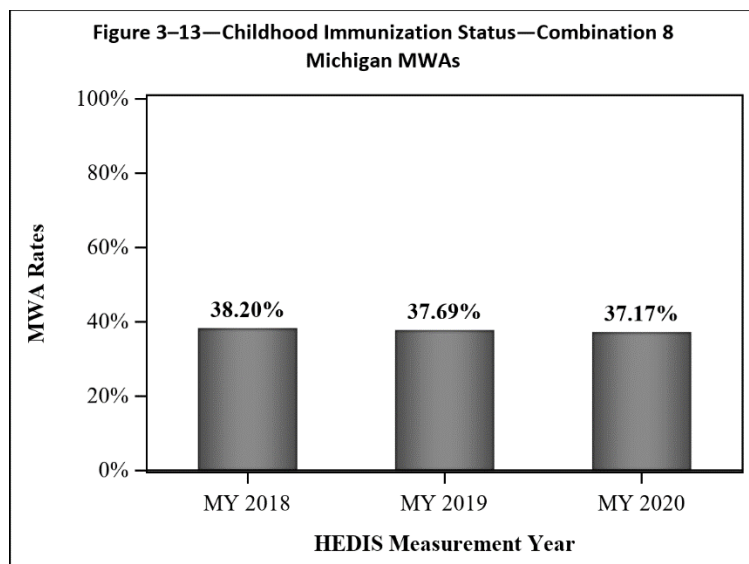
The HEDIS MY 2020 MWA rate significantly declined from HEDIS MY 2019.



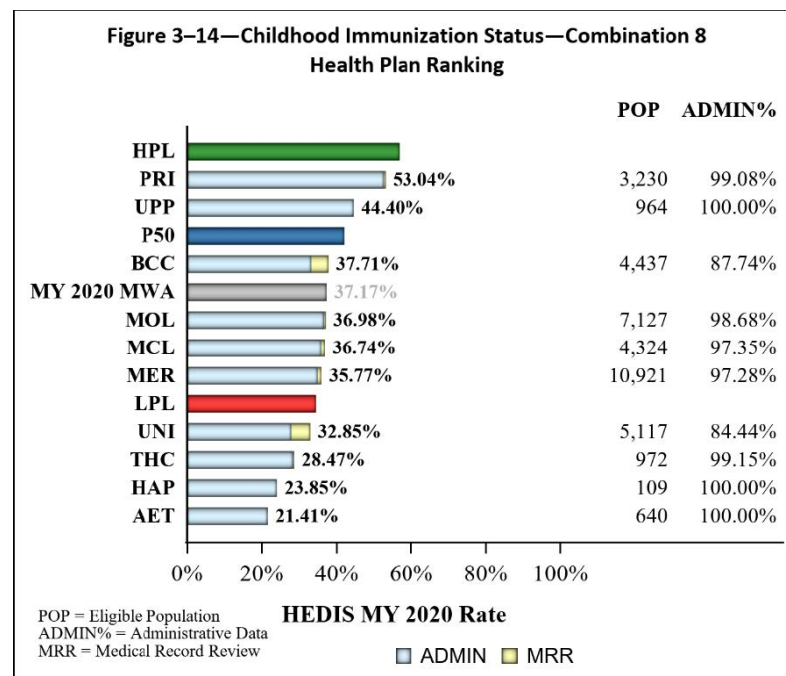
One MHP ranked above the 50th percentile but fell below the HPL. Seven MHPs fell below the LPL. MHP performance varied by over 28 percentage points.

Childhood Immunization Status—Combination 8

Childhood Immunization Status—Combination 8 assesses the percentage of children 2 years of age who received the following vaccines by their second birthday: four DTaP, three IPV, one MMR, three HiB, three HepB, one VZV, four PCV, one HepA, and two flu.



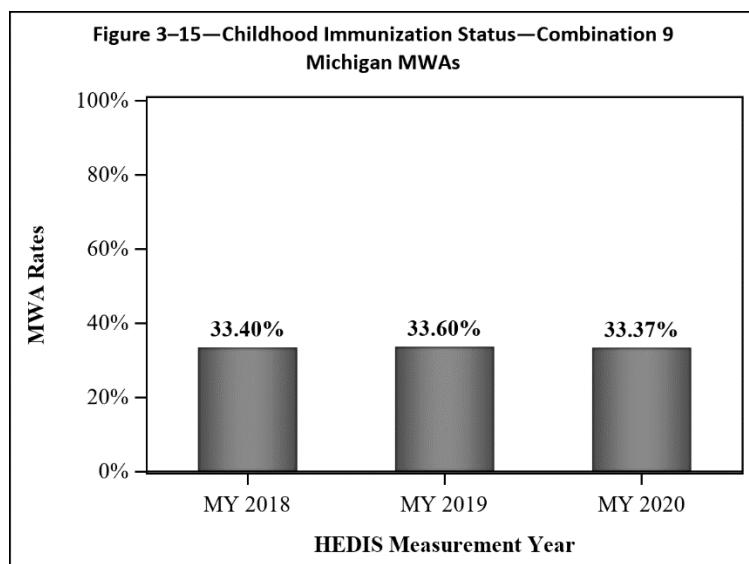
The HEDIS MY 2020 MWA rate did not demonstrate a significant change from HEDIS MY 2019.



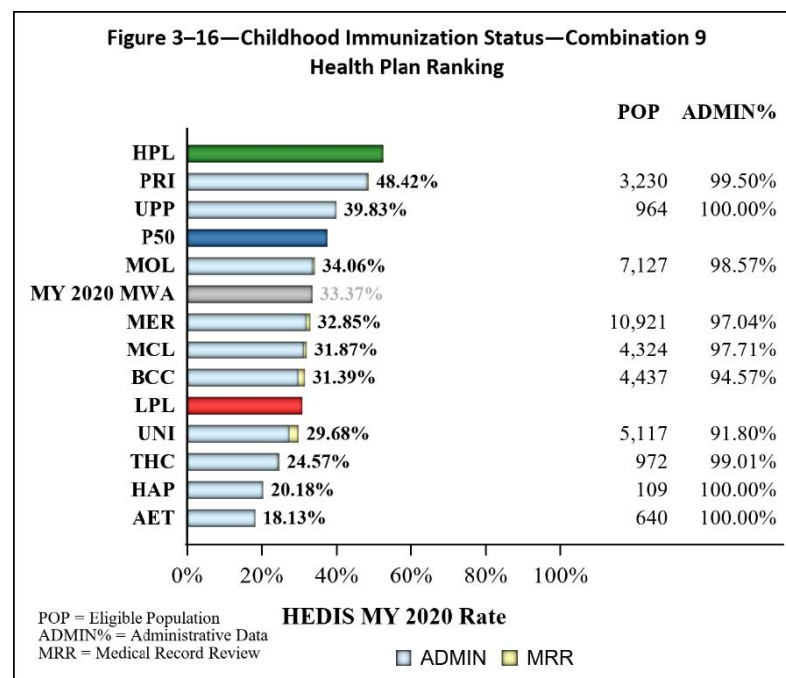
Two MHPs ranked above the 50th percentile but fell below the HPL. Four MHPs fell below the LPL. MHP performance varied by over 31 percentage points.

Childhood Immunization Status—Combination 9

Childhood Immunization Status—Combination 9 assesses the percentage of children 2 years of age who received the following vaccines by their second birthday: four DTaP, three IPV, one MMR, three HiB, three HepB, one VZV, four PCV, two or three RV, and two flu.



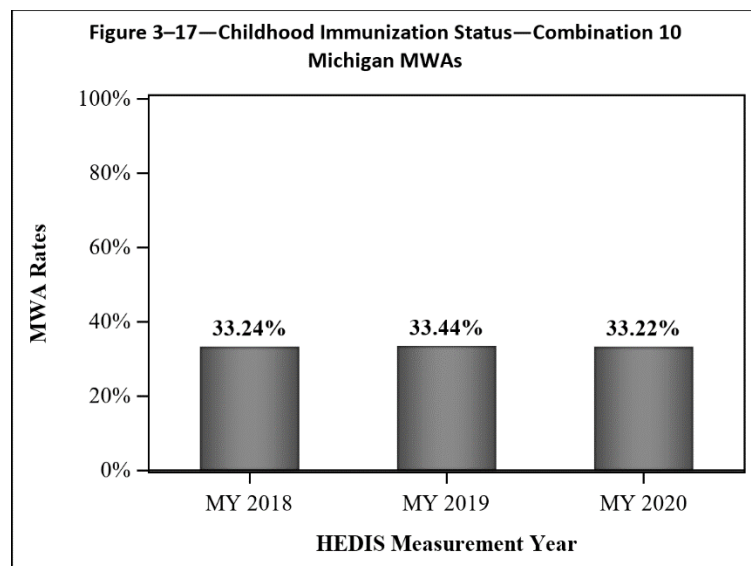
The HEDIS MY 2020 MWA rate did not demonstrate a significant change from HEDIS MY 2019.



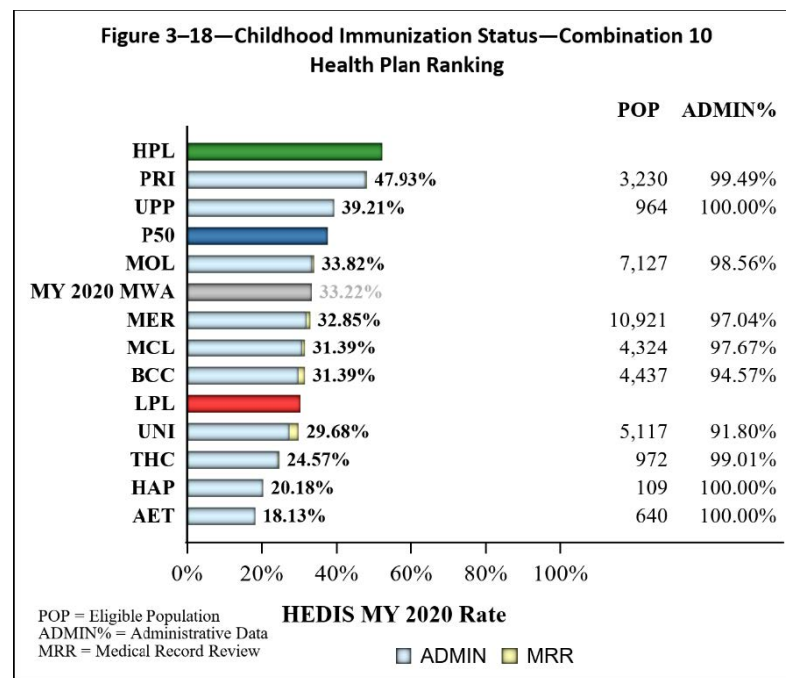
Two MHPs ranked above the 50th percentile but fell below the HPL. Four MHPs fell below the LPL. MHP performance varied by over 30 percentage points.

Childhood Immunization Status—Combination 10

Childhood Immunization Status—Combination 10 assesses the percentage of children 2 years of age who received the following vaccines by their second birthday: four DTaP, three IPV, one MMR, three HiB, three HepB, one VZV, four PCV, one HepA, two or three RV, and two flu.



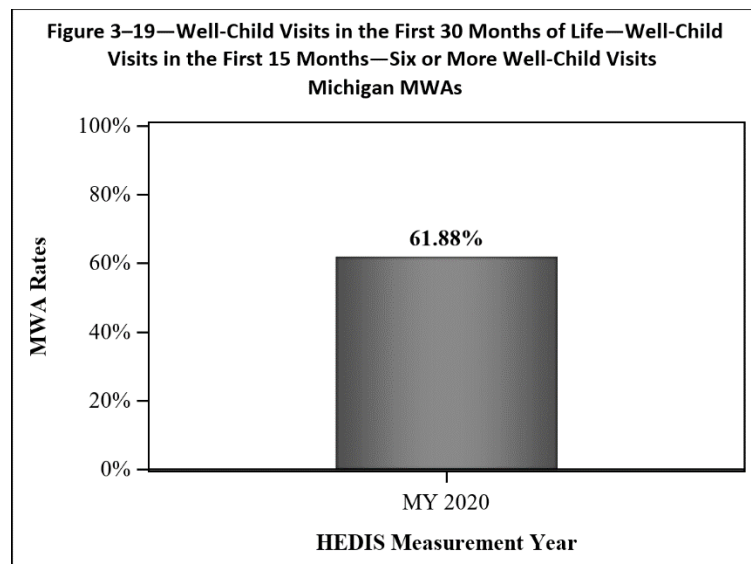
The HEDIS MY 2020 MWA rate did not demonstrate a significant change from HEDIS MY 2019.



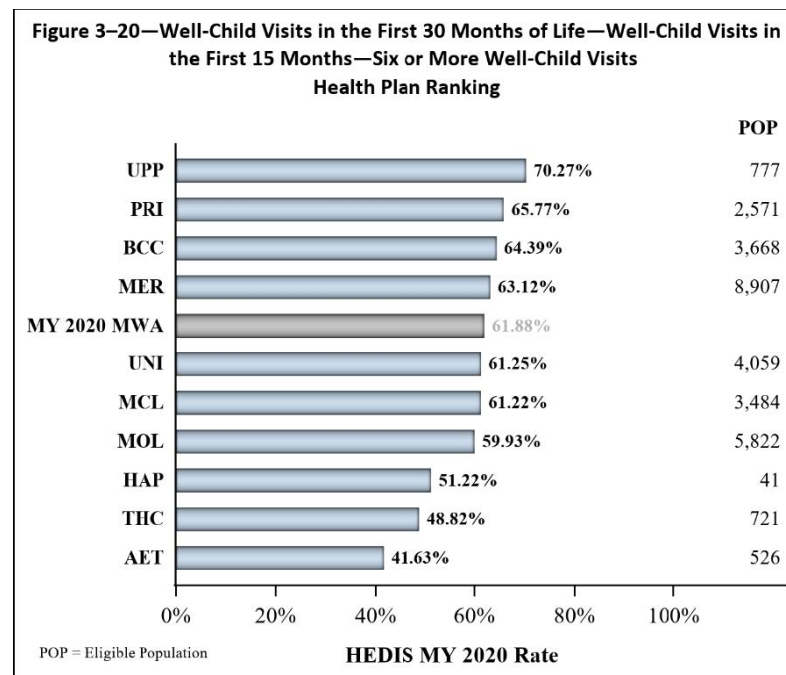
Two MHPs ranked above the 50th percentile but fell below the HPL. Four MHPs fell below the LPL. MHP performance varied by over 29 percentage points.

Well-Child Visits in the First 15 Months—Six or More Well-Child Visits

Well-Child Visits in the First 15 Months of Life—Six or More Well-Child Visits assesses the percentage of members who turned 15 months old during the MY who received six or more well-child visits with a PCP during their first 15 months of life.



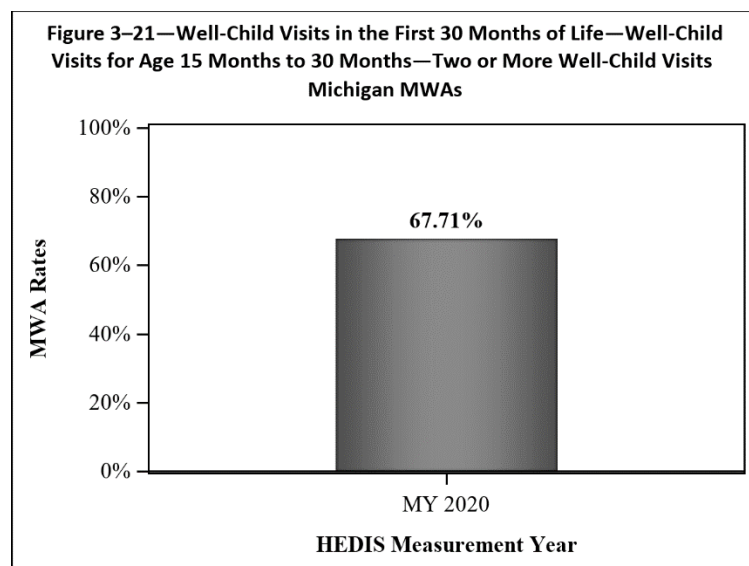
Due to changes in the technical specifications in HEDIS MY 2020 for the *Well-Child Visits in the First 15 Months of Life—Six or More Visits Well-Child Visits* measure, a comparison to prior years' results is not appropriate. The rate in the chart above is presented for informational purposes only.



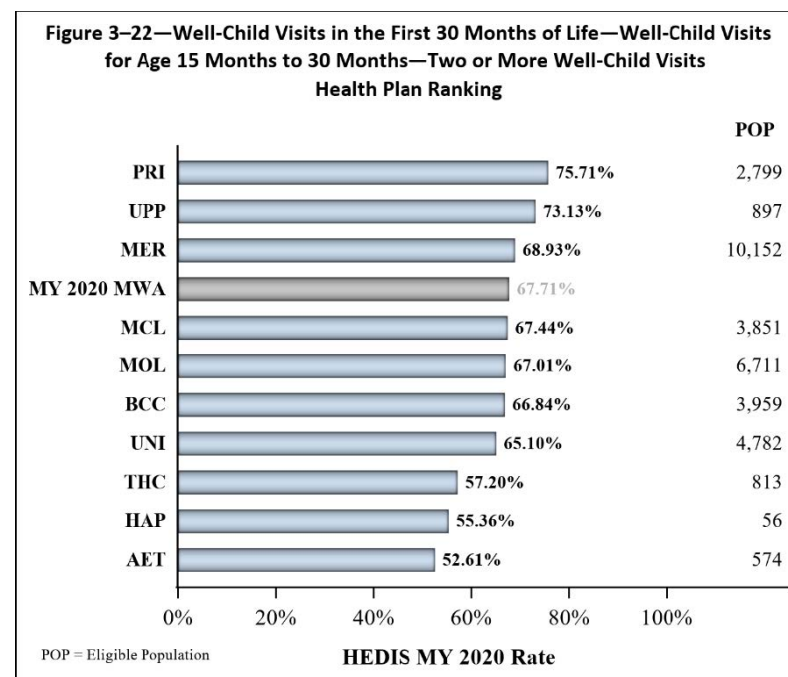
Due to changes in the technical specifications in HEDIS MY 2020 for the *Well-Child Visits in the First 15 Months of Life—Six or More Well-Child Visits* measure, a comparison to prior years' results is not appropriate. The rates in the chart above are presented for informational purposes only. MHP performance varied by over 28 percentage points.

Well-Child Visits in the First 15 Months to 30 Months—Two or More Well-Child Visits

Well-Child Visits in the First 15 Months to 30 Months—Two or More Well-Child Visits assesses the percentage of members who turned 15 months old during the MY who received six or more well-child visits with a PCP during their first 15 months of life.



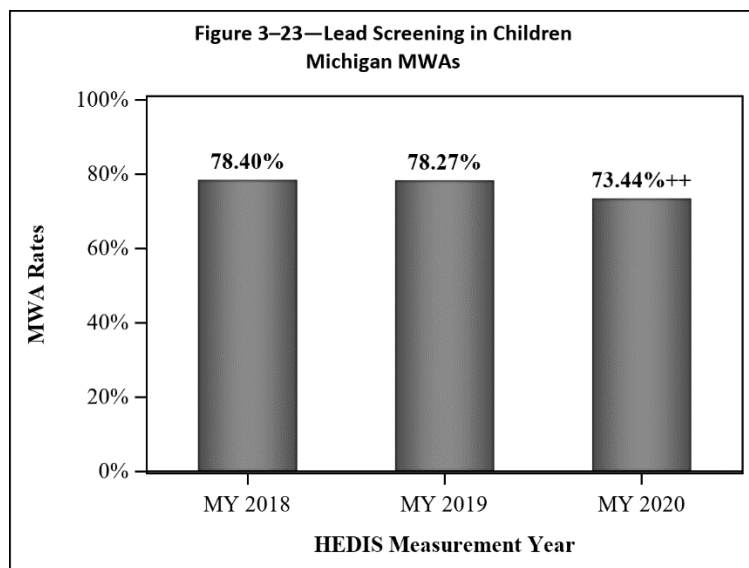
The *Well-Child Visits in the First 15 Months to 30 Months—Two or More Well-Child Visits* measure is a first-year measure for HEDIS MY 2020, and therefore was not included in the prior years' results. Therefore, a comparison to prior years' results is not appropriate. The rate in the chart above is presented for informational purposes only.



For HEDIS MY 2020, *Well-Child Visits in the First 15 Months to 30 Months—Two or More Well-Child Visits* was a first-year measure. Comparison to prior years' results is not appropriate. The rates in the chart above are presented for informational purposes only. MHP performance varied by over 23 percentage points.

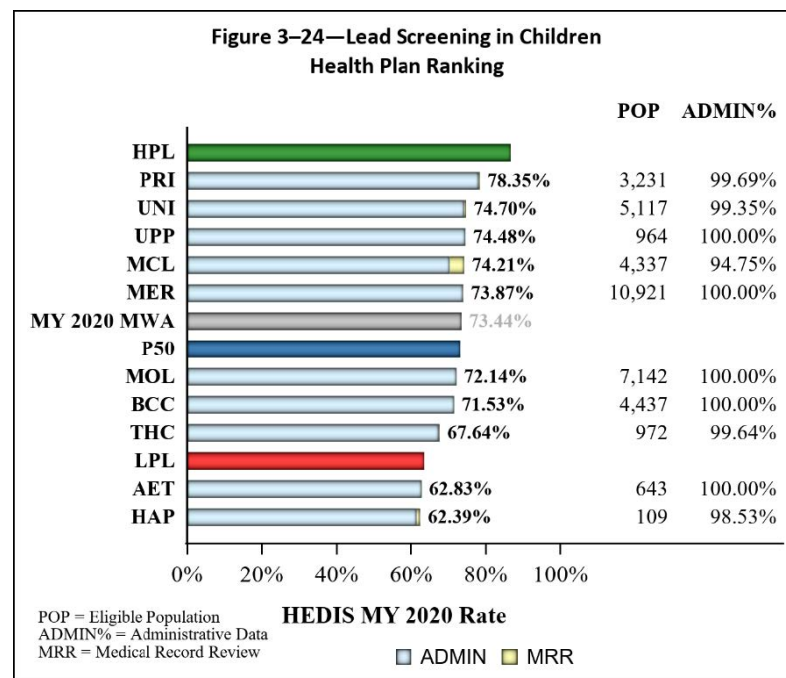
Lead Screening in Children

Lead Screening in Children assesses the percentage of children 2 years of age who had one or more capillary or venous lead blood test for lead poisoning by their second birthday.



Rates with two crosses (++) indicate a significant decline in performance from the previous year.

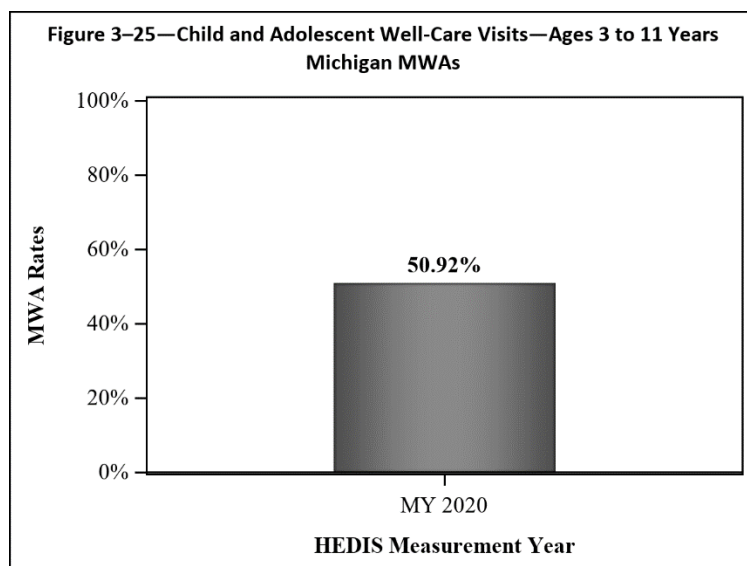
The HEDIS MY 2020 MWA rate significantly declined from HEDIS MY 2019.



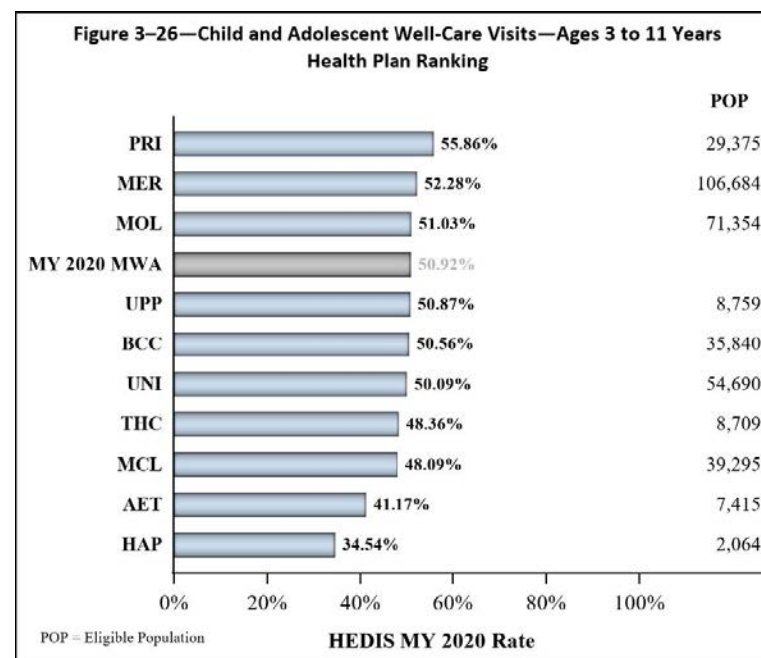
Five MHPs and the MWA ranked above the 50th percentile, and fell below the HPL. Two MHPs fell below the LPL. MHP performance varied by over 15 percentage points.

Child and Adolescent Well-Care Visits—Ages 3 to 11 Years

Child and Adolescent Well-Care Visits assesses the percentage of members who were 3 to 11 years old who had at least one comprehensive well-care visit with a PCP or an OB/GYN practitioner during the MY. Due to changes in the technical specifications for this measure, NCQA recommends a break in trending between MY 2020 and prior years; therefore, prior years' rates will not be displayed and comparisons to benchmarks will not be performed for this measure.



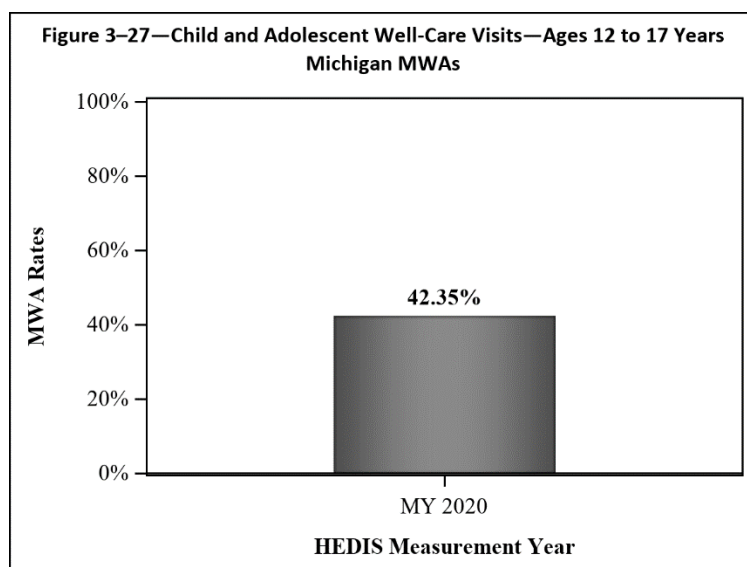
Due to changes in the technical specifications in HEDIS MY 2020 for the *Child and Adolescent Well-Care Visits—Ages 3 to 11 years* measure, a comparison to prior years' results is not appropriate. The rate in the chart above is presented for informational purposes only.



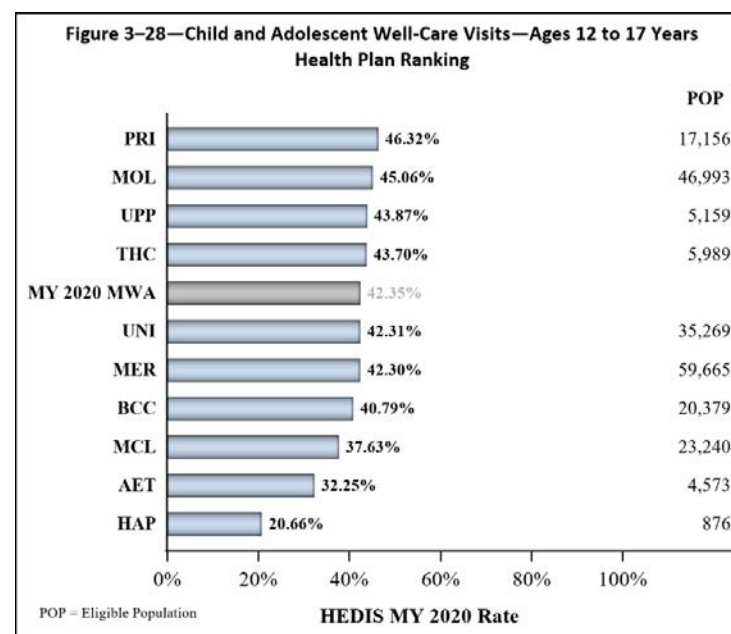
Due to changes in the technical specifications in HEDIS MY 2020 for the *Child and Adolescent Well-Care Visits—Ages 3 to 11 years* measure, a comparison to prior years' results is not appropriate. The rates in the chart above are presented for informational purposes only. MHP performance varied by over 21 percentage points.

Child and Adolescent Well-Care Visits—Ages 12 to 17 Years

Child and Adolescent Well-Care Visits assesses the percentage of members who were 12 to 17 years old who had at least one comprehensive well-care visit with a PCP or an OB/GYN practitioner during the MY. Due to changes in the technical specifications for this measure, NCQA recommends a break in trending between MY 2020 and prior years; therefore, prior years' rates will not be displayed and comparisons to benchmarks will not be performed for this measure.



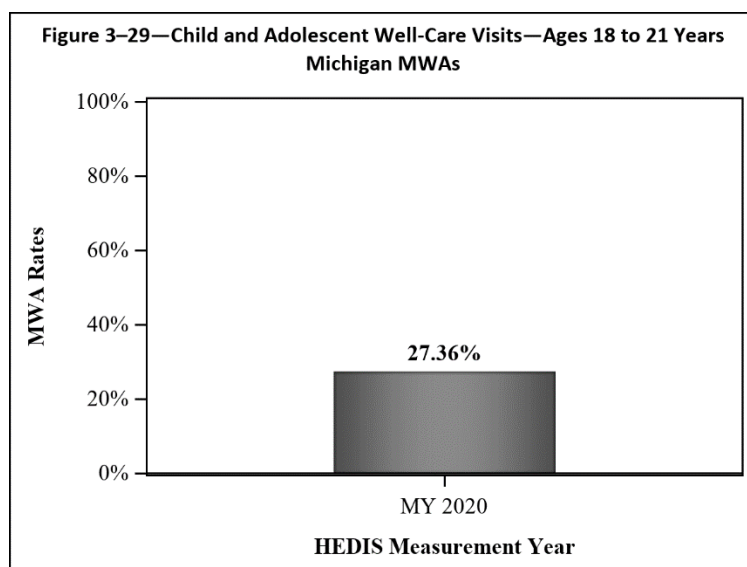
Due to changes in the technical specifications in HEDIS MY 2020 for the *Child and Adolescent Well-Care Visits—Ages 12 to 17 years* measure, a comparison to prior years' results is not appropriate. The rate in the chart above is presented for informational purposes only.



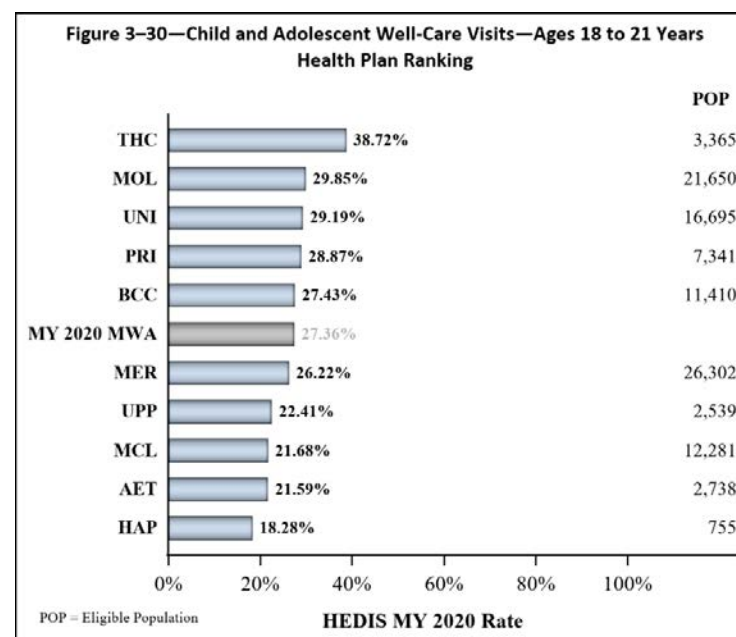
Due to changes in the technical specifications in HEDIS MY 2020 for the *Child and Adolescent Well-Care Visits—Ages 12 to 17 years* measure, a comparison to prior years' results is not appropriate. The rates in the chart above are presented for informational purposes only. MHP performance varied by over 25 percentage points.

Child and Adolescent Well-Care Visits—Ages 18 to 21 Years

Child and Adolescent Well-Care Visits assesses the percentage of members who were 18 to 21 years old who had at least one comprehensive well-care visit with a PCP or an OB/GYN practitioner during the MY. Due to changes in the technical specifications for this measure, NCQA recommends a break in trending between MY 2020 and prior years; therefore, prior years' rates will not be displayed and comparisons to benchmarks will not be performed for this measure.



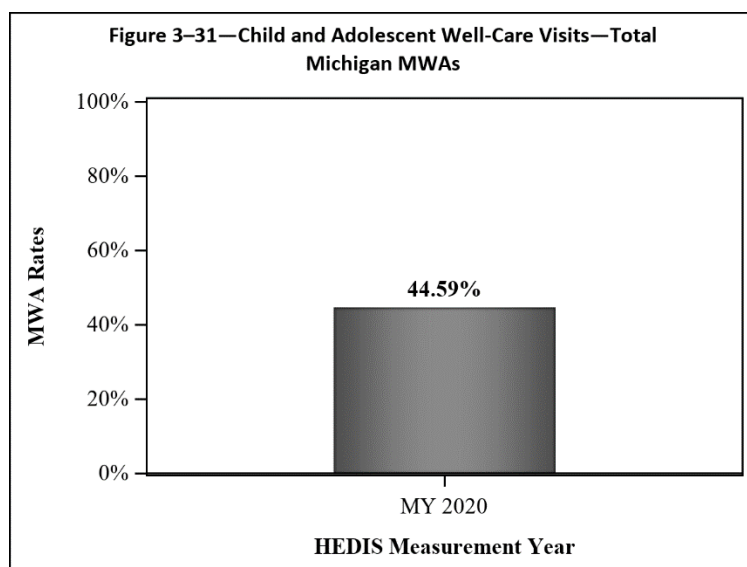
Due to changes in the technical specifications in HEDIS MY 2020 for the *Child and Adolescent Well-Care Visits—Ages 18 to 21 years* measure, a comparison to prior years' results is not appropriate. The rate in the chart above is presented for informational purposes only.



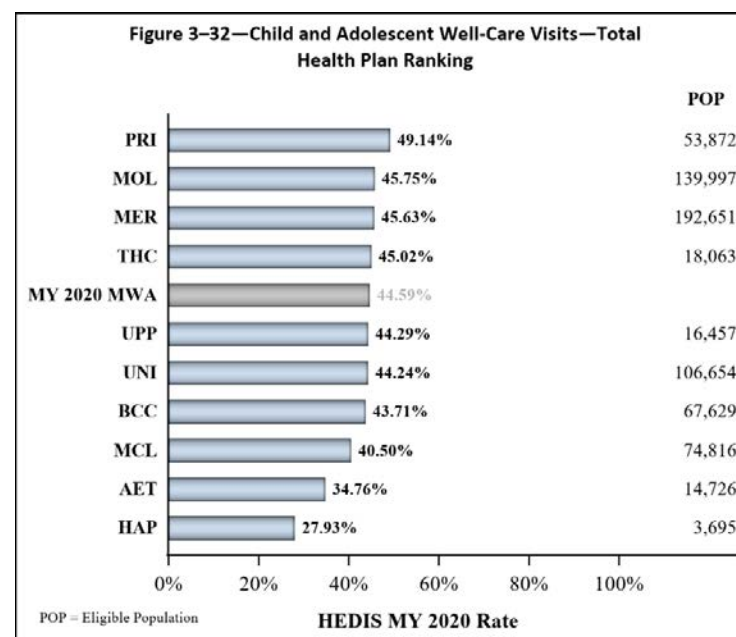
Due to changes in the technical specifications in HEDIS MY 2020 for the *Child and Adolescent Well-Care Visits—Ages 18 to 21 years* measure, a comparison to prior years' results is not appropriate. The rates in the chart above are presented for informational purposes only. MHP performance varied by over 20 percentage points.

Child and Adolescent Well-Care Visits—Total

Child and Adolescent Well-Care Visits—Total assesses the percentage of members who were 3 to 21 years old who had at least one comprehensive well-care visit with a PCP or an OB/GYN practitioner during the MY. Due to changes in the technical specifications for this measure, NCQA recommends a break in trending between MY 2020 and prior years; therefore, prior years' rates will not be displayed and comparisons to benchmarks will not be performed for this measure.



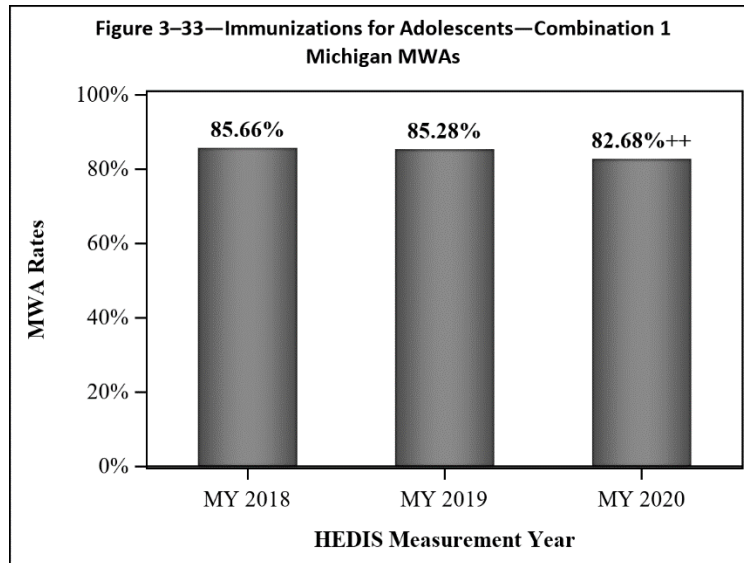
Due to changes in the technical specifications in HEDIS MY 2020 for the *Child and Adolescent Well-Care Visits—Total* measure, a comparison to prior years' results is not appropriate. The rate in the chart above is presented for informational purposes only.



Due to changes in the technical specifications in HEDIS MY 2020 for the *Child and Adolescent Well-Care Visits—Total* measure, a comparison to prior years' results is not appropriate. The rates in the chart above are presented for informational purposes only. MHP performance varied by over 21 percentage points.

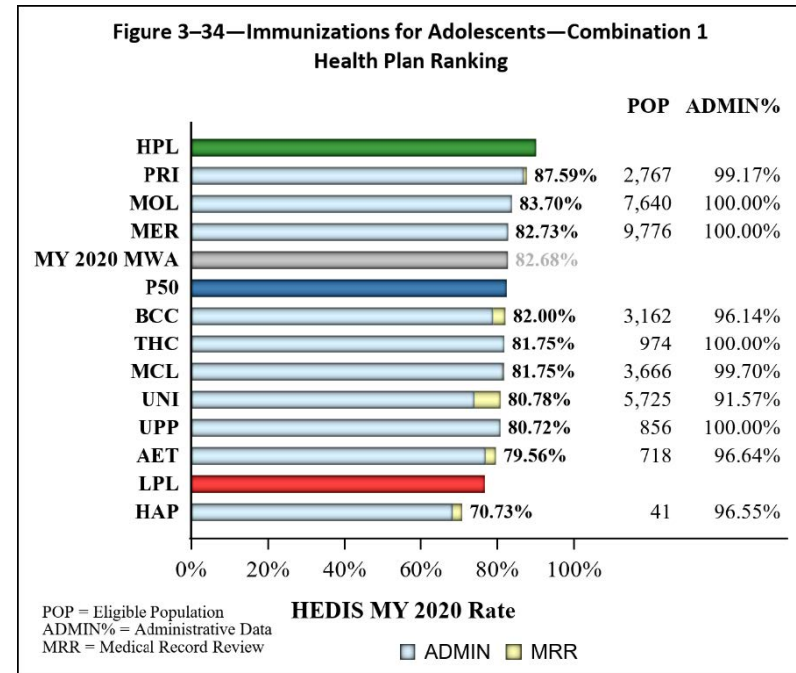
Immunizations for Adolescents—Combination 1

Immunizations for Adolescents—Combination 1 assesses the percentage of adolescents 13 years of age who had the following by their thirteenth birthday: one dose of meningococcal vaccine; and one Tdap vaccine.



Rates with two crosses (++) indicate a significant decline in performance from the previous year.

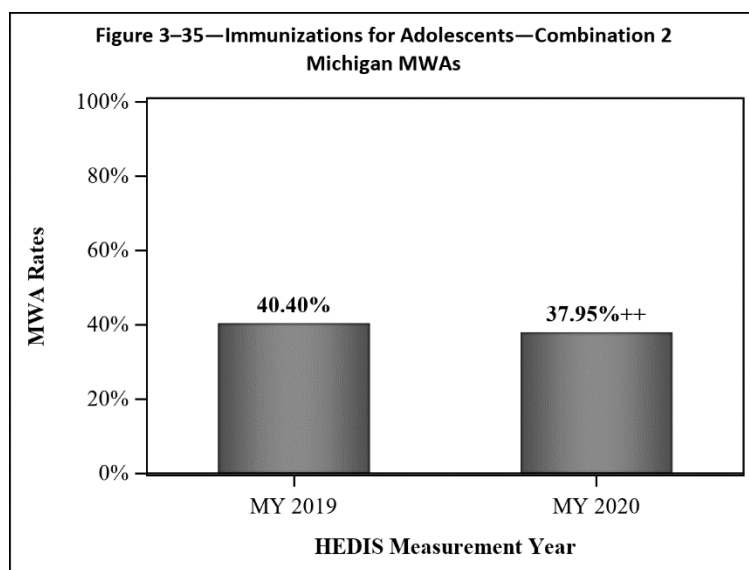
The HEDIS MY 2020 MWA rate significantly declined from HEDIS MY 2019.



Three MHPs and the MWA ranked above the 50th percentile, but fell below the HPL. One MHP fell below the LPL. MHP performance varied by over 16 percentage points.

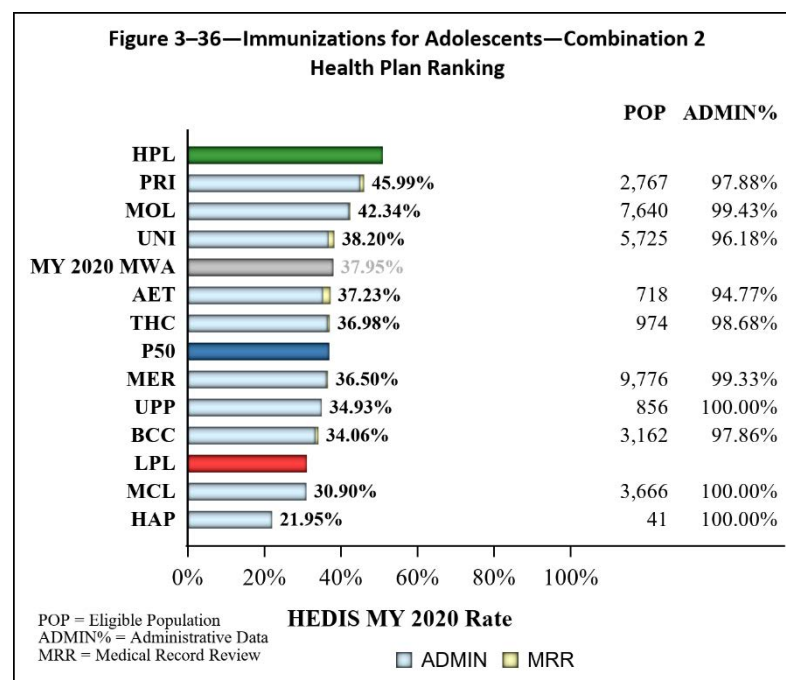
Immunizations for Adolescents—Combination 2

Immunizations for Adolescents—Combination 2 assesses the percentage of adolescents 13 years of age who had the following by their thirteenth birthday: one dose of meningococcal vaccine; one Tdap vaccine; and two HP.



Rates with two crosses (++) indicate a significant decline in performance from the previous year.

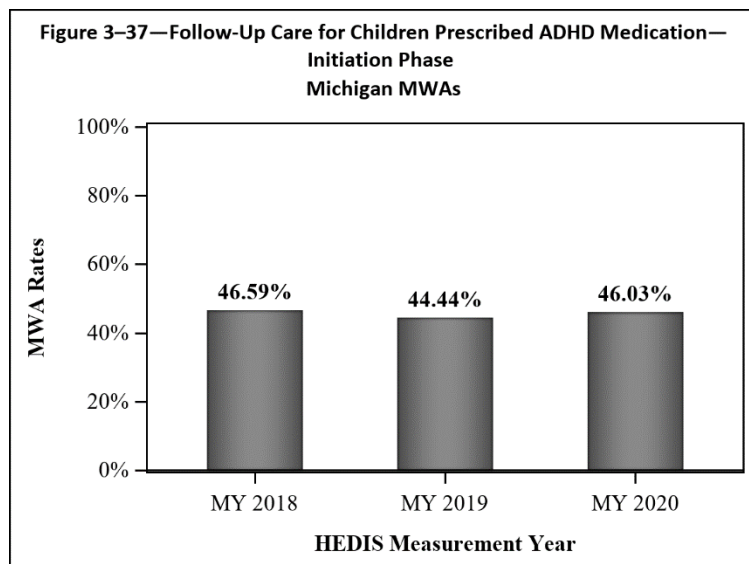
The HEDIS MY 2020 MWA rate significantly declined from HEDIS MY 2019.



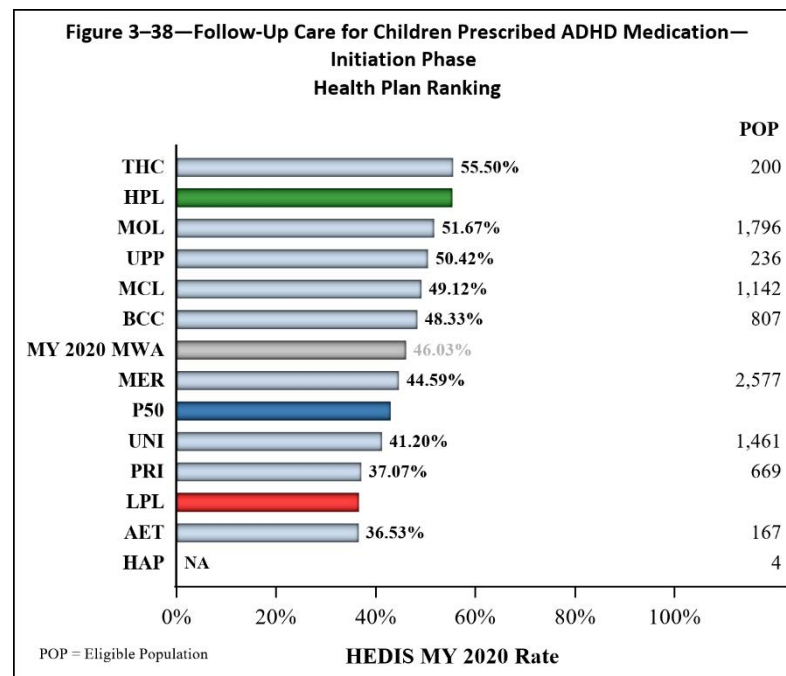
Five MHPs and the MWA ranked above the 50th percentile but fell below the HPL. Two MHPs fell below the LPL. MHP performance varied by approximately 24 percentage points.

Follow-Up Care for Children Prescribed ADHD Medication—Initiation Phase

Follow-Up Care for Children Prescribed ADHD Medication—Initiation Phase assesses the percentage of children 6 to 12 years of age who were newly prescribed ADHD medication who had one follow-up visit with a practitioner with prescribing authority during the 30-day initiation phase.



The HEDIS MY 2020 MWA rate did not demonstrate a significant change from HEDIS MY 2019.

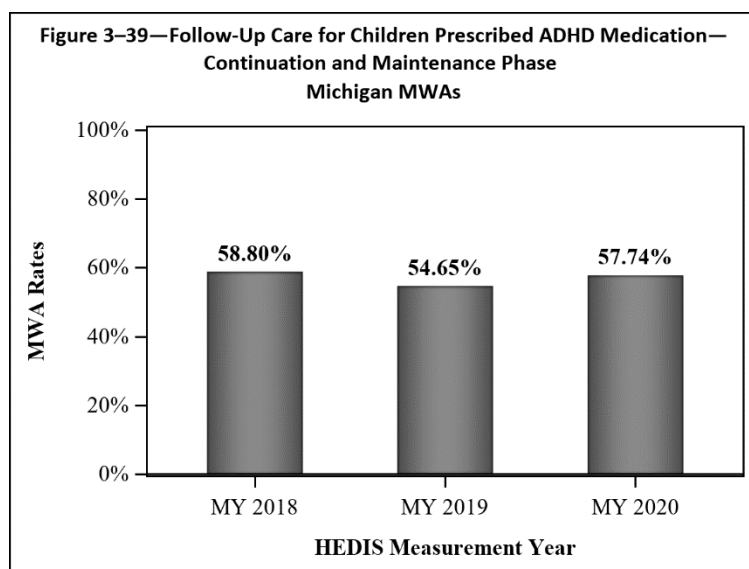


NA indicates that the MHP followed the specifications, but the denominator was too small (<30) to report a valid rate.

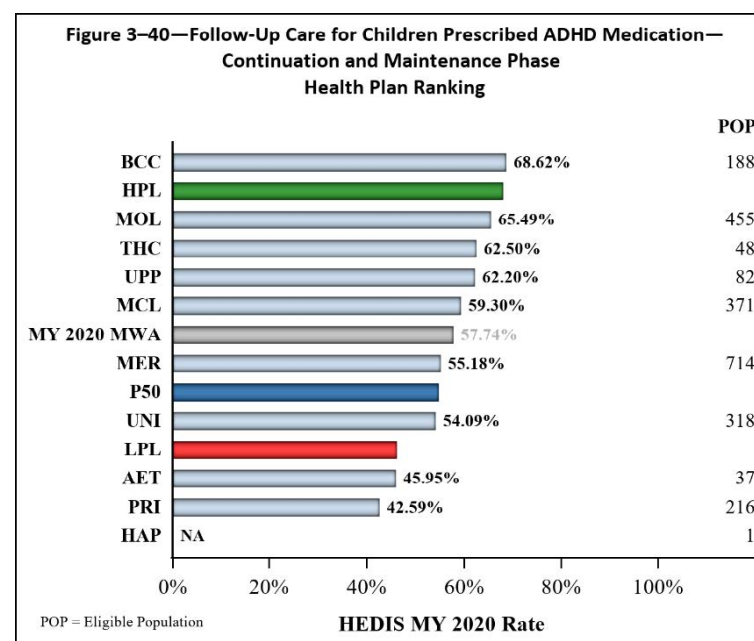
Six MHPs and the MWA ranked above the 50th percentile with one MHP ranked above the HPL. One MHP fell below the LPL. MHP performance varied by over 18 percentage points.

Follow-Up Care for Children Prescribed ADHD Medication—Continuation and Maintenance Phase

Follow-Up Care for Children Prescribed ADHD Medication—Continuation and Maintenance Phase assesses the percentage of children 6 to 12 years of age newly prescribed ADHD medication who remained on the medication for at least 210 days and who, in addition to the visit in the initiation phase, had at least two follow-up visits with a practitioner within 270 days (nine months) after the initiation phase ended.



The HEDIS MY 2020 MWA rate did not demonstrate a significant change from HEDIS MY 2019.



NA indicates that the MHP followed the specifications, but the denominator was too small (<30) to report a valid rate.

Six MHPs and the MWA ranked above the 50th percentile with one MHP ranked above the HPL. Two MHPs fell below the LPL. MHP performance varied by approximately 26 percentage points.

4. Women—Adult Care

Introduction

The Women—Adult Care domain encompasses the following HEDIS measures:

- *Chlamydia Screening in Women—Ages 16 to 20 Years, Ages 21 to 24 Years, and Total*
- *Cervical Cancer Screening*
- *Breast Cancer Screening*

Please see the “How to Get the Most From This Report” section for guidance on interpreting the figures presented within this section. For reference, additional analyses for each measure indicator are displayed in Appendices A, B, and C.

Summary of Findings

Table 4-1 presents the Michigan MWA performance for the measure indicators under the Women—Adult Care domain. The table lists the HEDIS MY 2020 MWA rates and performance levels, a comparison of the HEDIS MY 2019 MWA to the HEDIS MY 2020 MWA for each measure indicator with trend analysis results, and a summary of the MHPs with rates demonstrating significant changes from HEDIS MY 2019 MWA to HEDIS MY 2020 MWA.

Table 4-1—HEDIS MY 2020 MWA Performance Levels and Trend Results for Women—Adult Care

| Measure | HEDIS MY 2020 MWA and Performance Level ¹ | HEDIS MY 2019 MWA—HEDIS MY 2020 MWA Comparison ² | Number of MHPs With Statistically Significant Improvement in HEDIS MY 2020 | Number of MHPs With Statistically Significant Decline in HEDIS MY 2020 |
|---|--|---|--|--|
| <i>Chlamydia Screening in Women</i> | | | | |
| <i>Ages 16 to 20 Years</i> | 57.30% | -5.46 ⁺⁺ | 0 | 7 |
| <i>Ages 21 to 24 Years</i> | 63.68% | -5.22 ⁺⁺ | 0 | 8 |
| <i>Total</i> | 60.20% | -5.22 ⁺⁺ | 0 | 8 |
| <i>Cervical Cancer Screening³</i> | | | | |
| <i>Cervical Cancer Screening</i> | 60.53% | -7.13 ⁺⁺ | 0 | 5 |
| <i>Breast Cancer Screening³</i> | | | | |
| <i>Breast Cancer Screening</i> | 56.31% | -4.52 ⁺⁺ | 0 | 8 |

¹ HEDIS MY 2020 performance levels were based on comparisons of the HEDIS MY 2020 MWA rates to national Medicaid Quality Compass HEDIS MY 2019 MWA benchmarks. HEDIS MY 2020 performance levels represent the following percentile comparisons:

| | | | | |
|-------|-----------------|-----------------|-----------------|-------|
| ≤25th | ≥25th and ≤49th | ≥50th and ≤74th | ≥75th and ≤89th | ≥90th |
|-------|-----------------|-----------------|-----------------|-------|

² HEDIS MY 2019 MWA to HEDIS MY 2020 MWA comparisons were based on a Chi-square test of statistical significance with a p-value <0.01 due to large denominators.

³ Due to changes in the technical specifications for this measure, NCQA recommends trending between MY 2020 and prior years be considered with caution.

Red Shading⁺⁺

Indicates that the HEDIS MY 2020 MWA demonstrated a significant decline from the HEDIS MY 2019 MWA.

Table 4-1 shows that for the Women—Adult Care domain, the MWA demonstrated a significant decline across all measures and indicators. Total Health Care and Molina demonstrated high performance as the only MHPs to rank above the 50th percentile for all *Chlamydia Screening for Women* measure indicators, and the *Cervical Cancer Screening* measure. No MHP ranked above the HPL for any measure in the Women—Adult Care domain. Additionally, Upper Peninsula fell below the LPL for all *Chlamydia Screening for Women* measure indicators and Aetna fell below the LPL for both the *Cervical Cancer Screening* and *Breast Cancer Screening* measures.

The *Chlamydia Screening in Women* and *Breast Cancer Screening* measures had the highest number of MHPs that demonstrated a statistically significant decline in HEDIS MY 2020, as well as a MWA decrease of over five percentage points from HEDIS MY 2019. Further, the *Cervical Cancer Screening* measure had the most significant MWA decrease of over seven percentage points from HEDIS MY 2019. MDHHS should work with the MHPs and providers to identify barriers that contribute to lower screening rates for cervical cancer and breast cancer and should work towards establishing resources to increase access to routine cancer screenings. Screening can improve outcomes and early detection reduces the risk of dying can lead to a greater range of treatment options and lower health care costs.⁴⁻¹ Prolonged delays in screening related to the COVID-19 pandemic may lead to delayed diagnoses, poor health consequences, and an increase in cancer disparities among women already experiencing health inequities.⁴⁻² Additionally, MDHHS should work with the MHPs and providers on increasing testing and screening for chlamydia. The CDC has identified several new and innovative ways STD services can meet more people where they are—during the COVID-19 pandemic and in the future—including: STD express clinics, partnerships with pharmacies and retail health clinics, and telehealth.⁴⁻³ If the decline in women receiving these screenings is identified as linked to the COVID-19 public health emergency, MDHHS is encouraged to work with other state Medicaid agencies facing similar barriers, to identify safe methods for women to have access to these important screening services.

⁴⁻¹ National Committee for Quality Assurance. Breast Cancer Screening. Available at: <https://www.ncqa.org/hedis/measures/breast-cancer-screening/>. Accessed on: September 17, 2021.

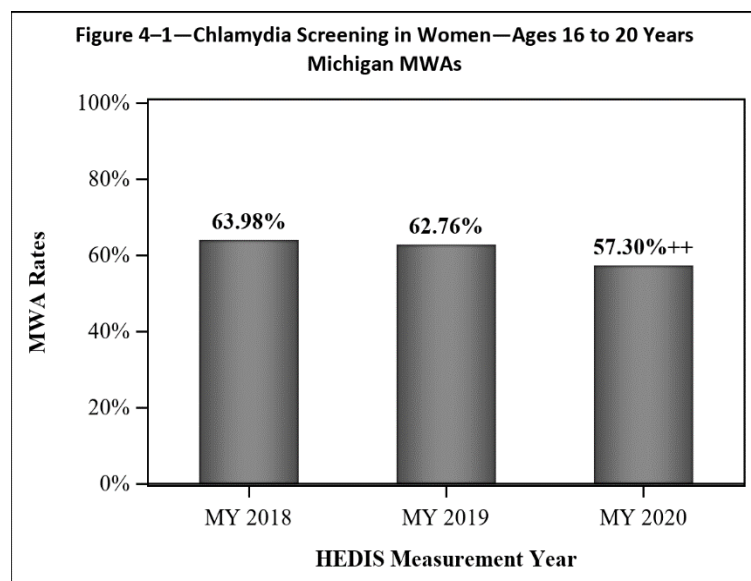
⁴⁻² Centers for Disease Control and Prevention. Sharp Declines in Breast and Cervical Cancer Screening. <https://www.cdc.gov/media/releases/2021/p0630-cancer-screenings.html>. Accessed on: September 17, 2021.

⁴⁻³ Centers for Disease Control and Prevention. Reported STDs Reach All-time High for 6th Consecutive Year. <https://www.cdc.gov/media/releases/2021/p0413-stds.html>. Accessed on: September 17, 2021.

Measure-Specific Findings

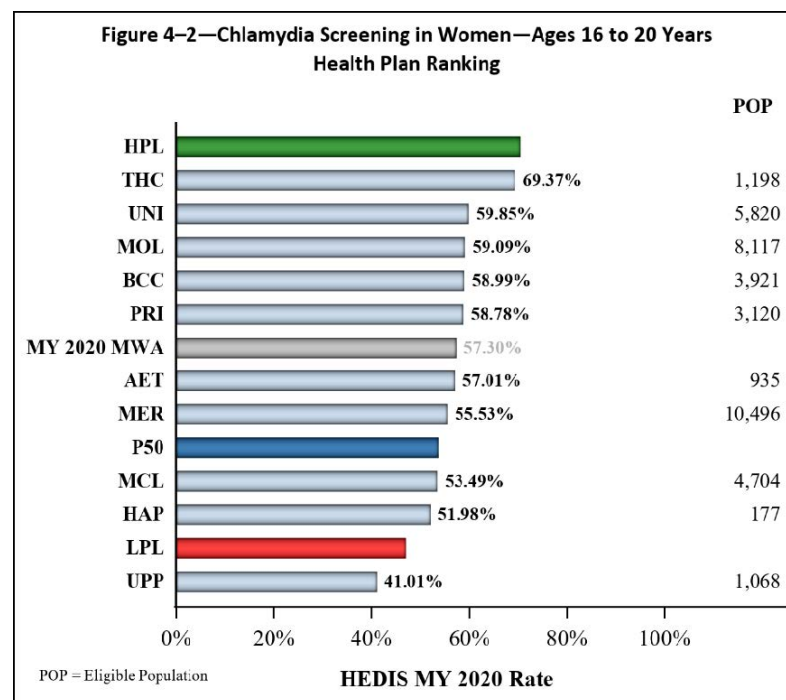
Chlamydia Screening in Women—Ages 16 to 20 Years

Chlamydia Screening in Women—Ages 16 to 20 Years assesses the percentage of women 16 to 20 years of age who were identified as sexually active and had at least one test for chlamydia during the MY.



Rates with two crosses (++) indicate a significant decline in performance from the previous year.

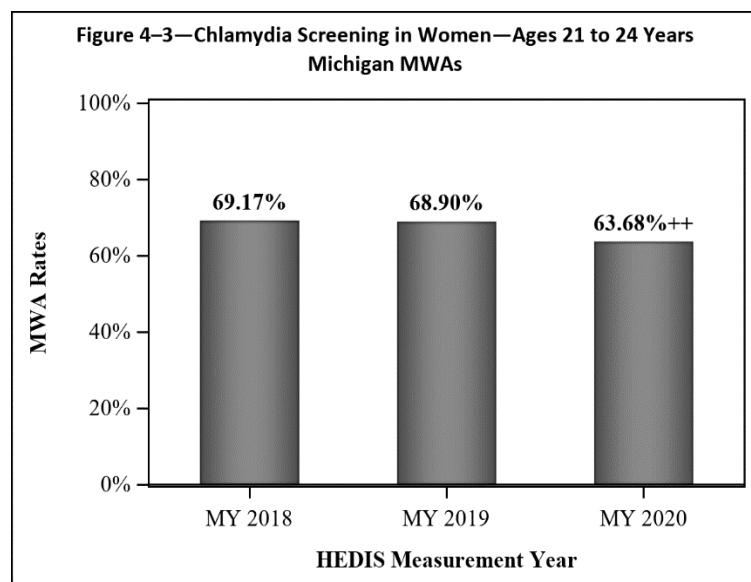
The HEDIS MY 2020 MWA rate significantly declined from HEDIS MY 2019.



Seven MHPs and the MWA ranked above the 50th percentile but fell below the HPL. One MHP fell below the LPL. MHP performance varied by over 28 percentage points.

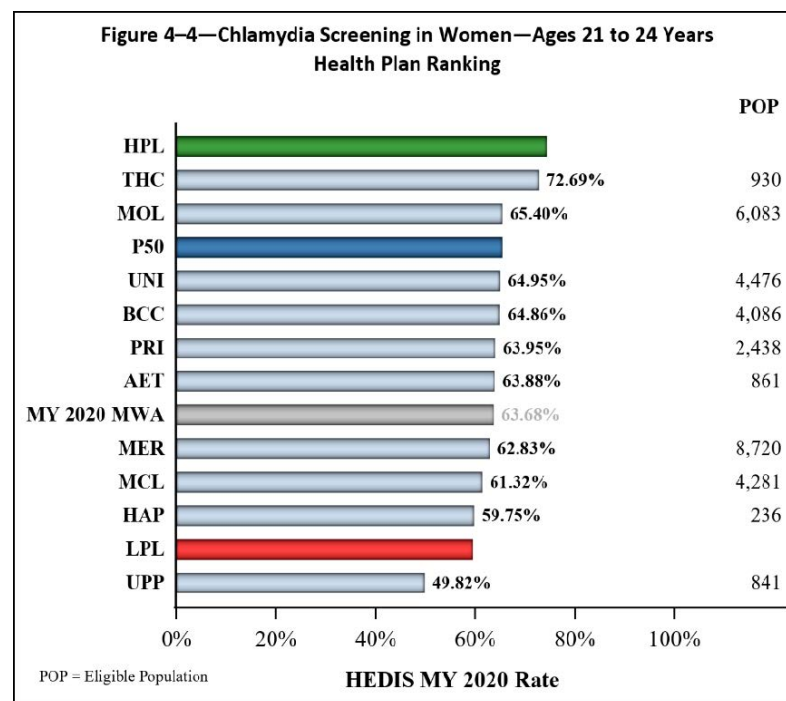
Chlamydia Screening in Women—21 to 24 Years

Chlamydia Screening in Women—21 to 24 Years assesses the percentage of women 21 to 24 years of age who were identified as sexually active and had at least one test for chlamydia during the MY.



Rates with two crosses (++) indicate a significant decline in performance from the previous year.

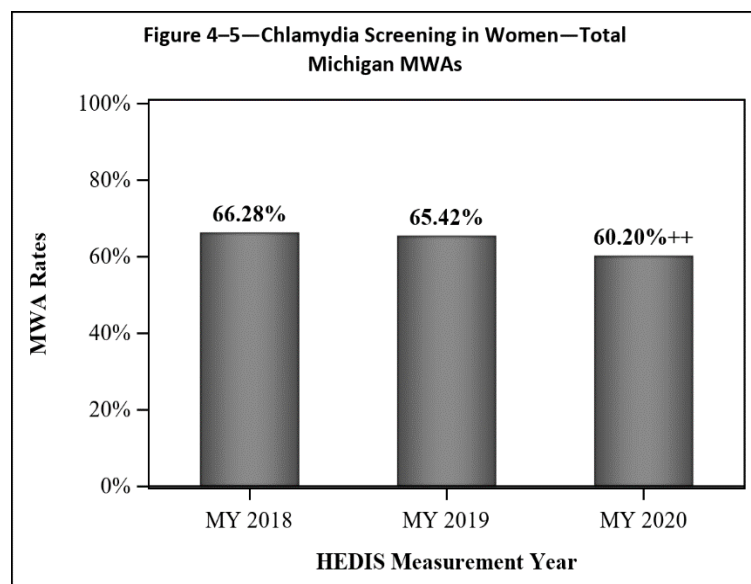
The HEDIS MY 2020 MWA rate significantly declined from HEDIS MY 2019.



Two MHPs ranked above the 50th percentile but fell below the HPL. One MHP fell below the LPL. MHP performance varied by over 22 percentage points.

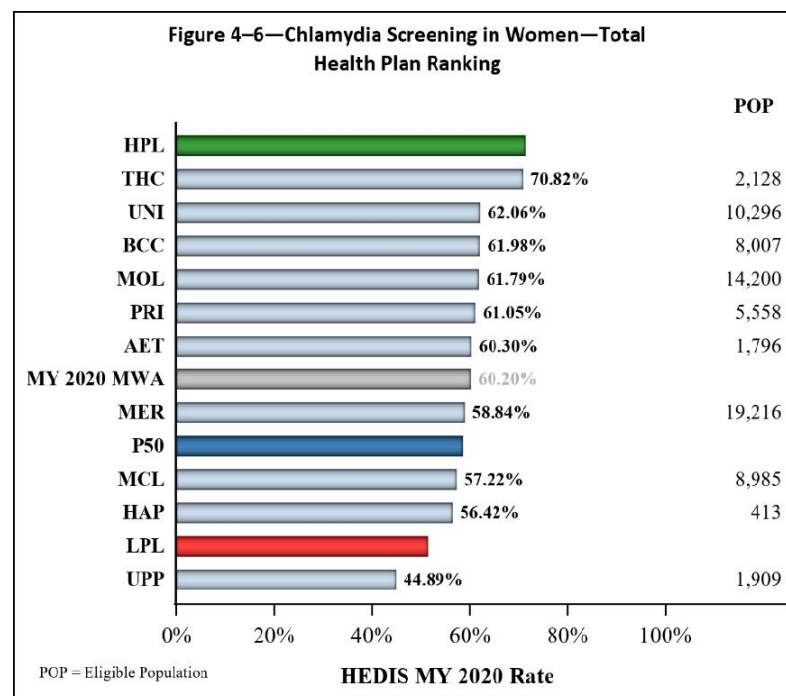
Chlamydia Screening in Women—Total

Chlamydia Screening in Women—Total assesses the percentage of women 16 to 24 years of age who were identified as sexually active and had at least one test for chlamydia during the MY.



Rates with two crosses (++) indicate a significant decline in performance from the previous year.

The HEDIS MY 2020 MWA rate significantly declined from HEDIS MY 2019.

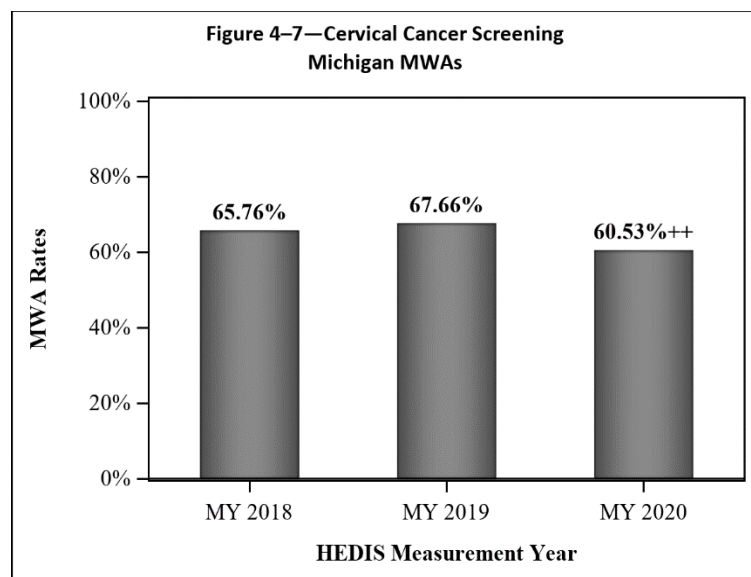


Seven MHPs and the MWA ranked above the 50th percentile but fell below the HPL. One MHP fell below the LPL. MHP performance varied by over 25 percentage points.

Cervical Cancer Screening

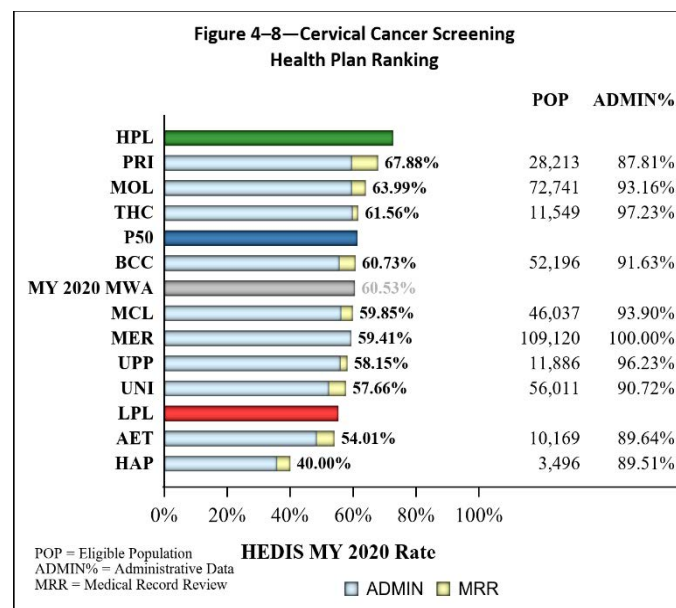
Cervical Cancer Screening assesses the percentage of women 21 to 64 years of age who were screened for cervical cancer using either of the following criteria:

- Women 21 to 64 years of age who had cervical cytology performed every three years.
- Women 30 to 64 years of age who had cervical cytology/human papillomavirus co-testing performed every five years.
- Due to changes in the technical specifications for this measure, exercise caution when trending rates between MY 2020 and prior years.



Rates with two crosses (++) indicate a significant decline in performance from the previous year.

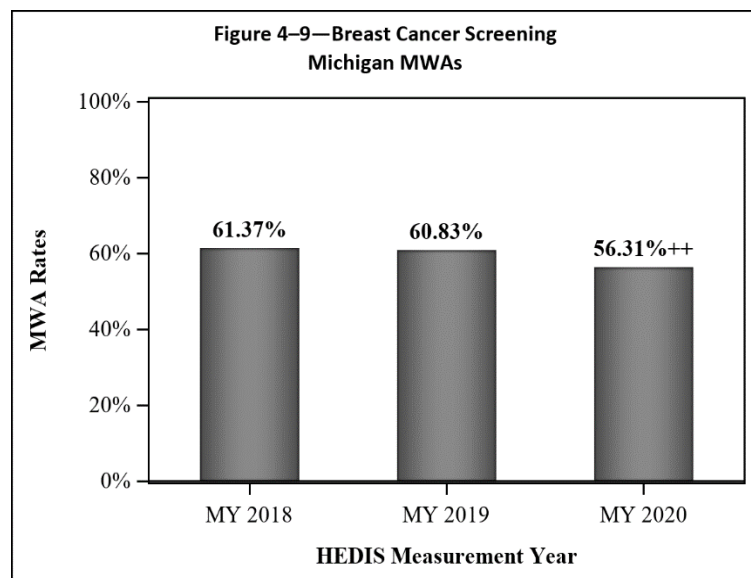
The HEDIS MY 2020 MWA rate significantly declined from HEDIS MY 2019.



Three MHPs ranked above the 50th percentile, but fell below the HPL. Two MHPs fell below the LPL. MHP performance varied by over 27 percentage points.

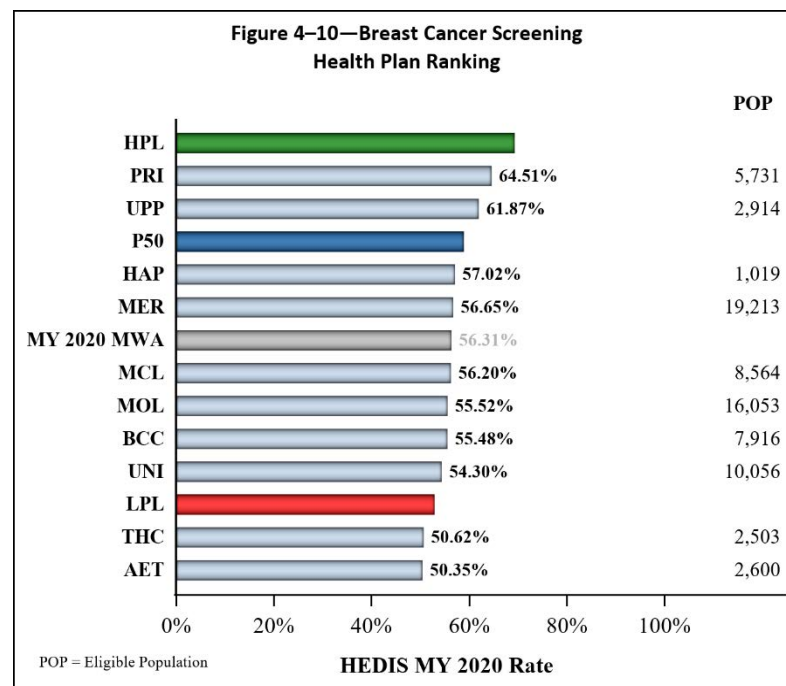
Breast Cancer Screening

Breast Cancer Screening assesses the percentage of women 50 to 74 years of age who had a mammogram to screen for breast cancer on or after October 1 two years prior to the MY. Due to changes in the technical specifications for this measure, exercise caution when trending rates between MY 2020 and prior years.



Rates with two crosses (++) indicate a significant decline in performance from the previous year.

The HEDIS MY 2020 MWA rate significantly declined from HEDIS MY 2019.



Two MHPs ranked above the 50th percentile, but fell below the HPL. Two MHPs fell below the LPL. MHP performance varied by over 14 percentage points.

5. Access to Care

Introduction

The Access to Care domain encompasses the following HEDIS measures:

- *Adults' Access to Preventive/Ambulatory Health Services—Ages 20 to 44 Years, Ages 45 to 64 Years, Ages 65 Years and Older, and Total*
- *Avoidance of Antibiotic Treatment for Acute Bronchitis/Bronchiolitis—Ages 3 Months to 17 Years, Ages 18 to 64 Years, Ages 65 Years and Older, and Total*
- *Appropriate Testing for Pharyngitis—Ages 3 to 17 Years, Ages 18 to 64 Years, Ages 65 Years and Older, and Total*
- *Appropriate Treatment for Upper Respiratory Infection—Ages 3 Months to 17 Years, Ages 18 to 64 Years, Ages 6 Years and Older, and Total*

Please see the “How to Get the Most From This Report” section for guidance on interpreting the figures presented within this section. For reference, additional analyses for each measure indicator are displayed in Appendices A, B, and C.

Summary of Findings

Table 5-1 presents the Michigan MWA performance for the measure indicators under the Access to Care domain. The table lists the HEDIS MY 2020 MWA rates and performance levels, a comparison of the HEDIS MY 2019 MWA to the HEDIS MY 2020 MWA for each measure indicator with trend analysis results, and a summary of the MHPs with rates demonstrating significant changes from HEDIS MY 2019 MWA to HEDIS MY 2020 MWA.

Table 5-1—HEDIS MY 2020 MWA Performance Levels and Trend Results for Access to Care

| Measure | HEDIS MY 2020 MWA and Performance Level ¹ | HEDIS MY 2019 MWA—HEDIS MY 2020 MWA Comparison ² | Number of MHPs With Statistically Significant Improvement in HEDIS MY 2020 | Number of MHPs With Statistically Significant Decline in HEDIS MY 2020 |
|---|--|---|--|--|
| <i>Adults' Access to Preventive/Ambulatory Health Services</i> | | | | |
| <i>Ages 20 to 44 Years</i> | 74.60% | -4.42 ⁺⁺ | 0 | 10 |
| <i>Ages 45 to 64 Years</i> | 84.05% | -3.26 ⁺⁺ | 0 | 10 |
| <i>Ages 65 Years and Older</i> | 88.77% | -3.91 ⁺⁺ | 0 | 9 |
| <i>Total</i> | 78.22% | -4.27 ⁺⁺ | 0 | 10 |

| Measure | HEDIS MY 2020 MWA and Performance Level ¹ | HEDIS MY 2019 MWA– HEDIS MY 2020 MWA Comparison ² | Number of MHPs With Statistically Significant Improvement in HEDIS MY 2020 | Number of MHPs With Statistically Significant Decline in HEDIS MY 2020 |
|---|--|--|--|--|
| Avoidance of Antibiotic Treatment for Acute Bronchitis/Bronchiolitis | | | | |
| Ages 3 Months to 17 Years | 61.42% | +1.38 ⁺ | 3 | 0 |
| Ages 18 to 64 Years | 39.69% | +2.04 ⁺ | 1 | 0 |
| Ages 65 Years and Older | 32.87% | -1.84 | 0 | 1 |
| Total | 50.15% | +1.92 ⁺ | 7 | 0 |
| Appropriate Testing for Pharyngitis³ | | | | |
| Ages 3 to 17 Years | 75.34% | -1.53 ⁺⁺ | 0 | 4 |
| Ages 18 to 64 Years | 57.61% | -2.14 ⁺⁺ | 0 | 3 |
| Ages 65 Years and Older | 25.00% | -9.85 | 0 | 0 |
| Total | 68.56% | -2.27 ⁺⁺ | 0 | 6 |
| Appropriate Treatment for Upper Respiratory Infection | | | | |
| Ages 3 Months to 17 Years | 91.30% | +0.69 ⁺ | 5 | 0 |
| Ages 18 to 64 Years | 78.18% | +2.79 ⁺ | 8 | 0 |
| Ages 65 Years and Older | 71.33% | +3.09 | 2 | 0 |
| Total | 87.28% | +1.02 ⁺ | 7 | 0 |

¹ 2020 performance levels were based on comparisons of the HEDIS MY 2020 MWA rates to national Medicaid Quality Compass HEDIS MY 2019 MWA benchmarks. 2020 performance levels represent the following percentile comparisons:

| | | | | |
|-------|-----------------|-----------------|-----------------|-------|
| ≤25th | ≥25th and ≤49th | ≥50th and ≤74th | ≥75th and ≤89th | ≥90th |
|-------|-----------------|-----------------|-----------------|-------|

² HEDIS MY 2019 MWA to HEDIS MY 2020 MWA comparisons were based on a Chi-square test of statistical significance with a p-value <0.01 due to large denominators.

³ Due to changes in the technical specifications for this measure, NCQA recommends trending between MY 2020 and prior years be considered with caution.

Green Shading⁺ Indicates that the HEDIS MY 2020 MWA demonstrated a significant improvement from the HEDIS MY 2019 MWA.

Red Shading⁺⁺ Indicates that the HEDIS MY 2020 MWA demonstrated a significant decline from the HEDIS MY 2019 MWA.

Table 5-1 shows that for the Access to Care domain, an area of strength was the *Avoidance of Antibiotic Treatment for Acute Bronchitis/Bronchiolitis—Ages 3 Months to 17 Years* and *Ages 18 to 64 Years* measure indicators ranking above the 50th percentile, with the MWA significantly improving by over one percentage point for both indicators. Aetna, Blue Cross, McLaren, Meridian, HAP, Molina, Priority, Total Health and UnitedHealthcare all ranked above the 50th percentile for the *Avoidance of Antibiotic Treatment for Acute Bronchitis/Bronchiolitis—Ages 3 Months to 17 Years* and *Ages 18 to 64 Years* measure indicators. Additionally, the *Appropriate Treatment for Upper Respiratory Infection—18 to 64 Years* indicator ranked above the 50th percentile, with the MWA significantly improving by nearly three percentage points. Priority ranked above the HPL for *Appropriate Treatment for Upper Respiratory Infection—18 to 64 Years*.

Total Health, Aetna, and HAP fell below the LPL for the *Adults' Access to Preventive/Ambulatory Health Services—Ages 20 to 44 years, 45 to 64 Years, and Total* indicators, and no MHPs ranked above the 50th percentile for the *Adults' Access to Preventive/Ambulatory Health Services—Ages 20 to 44 years* and *45 to 64 Years* indicators. The MWA was below the 50th percentile for all four of the *Adults' Access to Preventive/Ambulatory Health Services* measure indicators and demonstrated a significant decline of over three percentage points from HEDIS MY 2019 for all measure indicators. Blue Cross, UnitedHealthcare, Molina, Aetna, Total Health, and HAP all fell below the LPL for the *Appropriate Testing for Pharyngitis—Total* measure indicator, and the MWA fell below the 50th percentile for the *Appropriate Testing for Pharyngitis—Ages 3 to 17 Years, Ages 18 to 64 Years, and Total* measure indicators and demonstrated a significant decline of over one percentage point from HEDIS MY 2019 for these indicators.

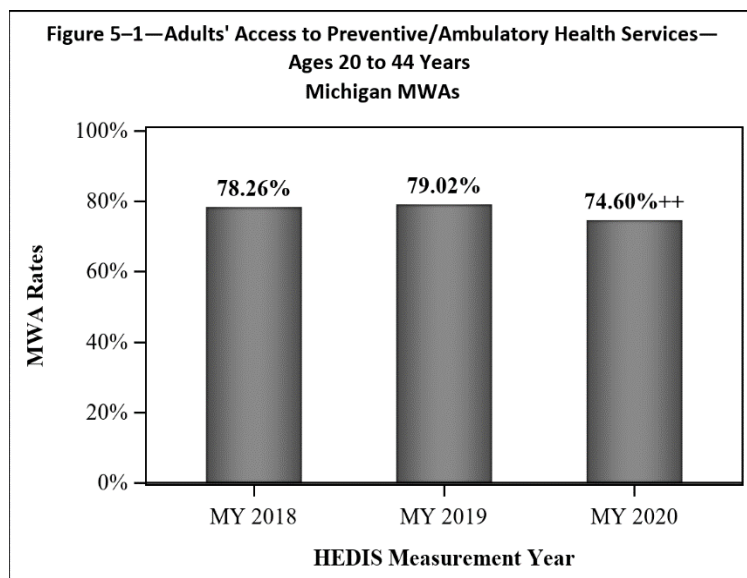
MDHHS should continue to monitor the MHPs performance on the four indicators of *Adults' Access to Preventive/Ambulatory Health Services* to ensure the MHPs performance does not continue to decline, in alignment with HSAG's recommendation for *Adults' Access to Preventive/Ambulatory Health Services* in the 2020 Aggregate Report. Additionally, MDHHS should work towards prioritizing preventative and ambulatory health services as part of its quality improvement strategy. Further, MDHHS should conduct a root cause analysis for the decline across multiple indicators for the *Appropriate Testing for Pharyngitis* measure. Proper testing and treatment of pharyngitis prevents the spread of sickness, while reducing unnecessary use of antibiotics.⁵⁻¹ If the decline in adults accessing these services is identified as related to the COVID-19 public health emergency, MDHHS is encouraged to work with other state Medicaid agencies facing similar barriers, to identify safe methods for ensuring ongoing adults' access to these important services.

⁵⁻¹ National Committee for Quality Assurance. *Appropriate Testing for Children with Pharyngitis*. Available at: <https://www.ncqa.org/hedis/measures/appropriate-testing-for-children-with-pharyngitis/>. Accessed on: September 17, 2021.

Measure-Specific Findings

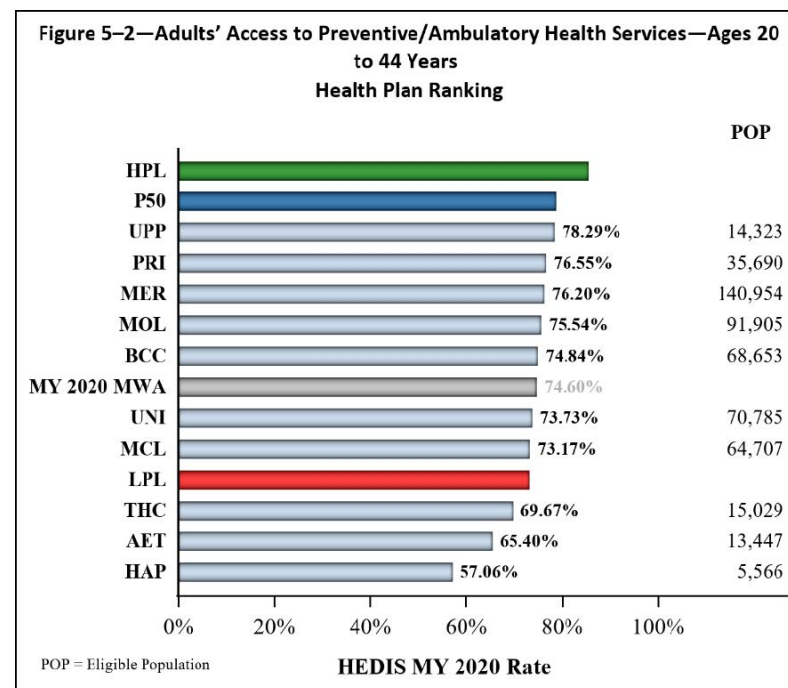
Adults' Access to Preventive/Ambulatory Health Services—Ages 20 to 44 Years

Adults' Access to Preventive/Ambulatory Health Services—Ages 20 to 44 Years assesses the percentage of members 20 to 44 years of age who had an ambulatory or preventive care visit during the MY.



Rates with two crosses (++) indicate a significant decline in performance from the previous year.

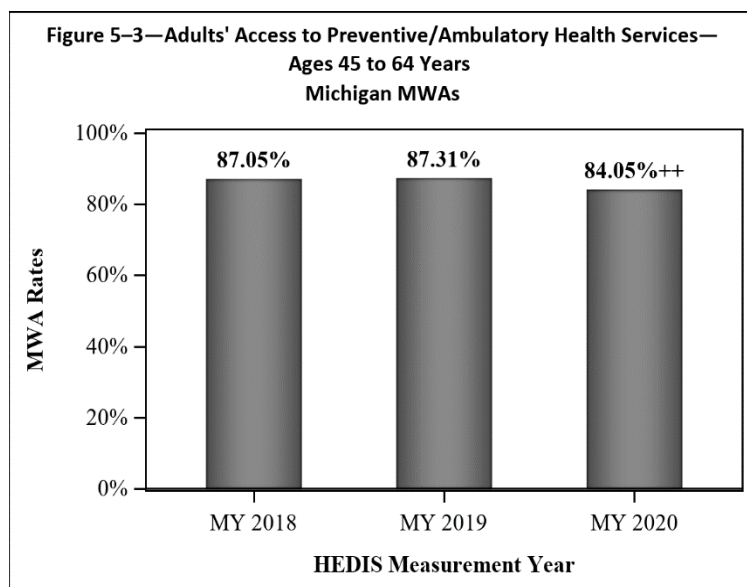
The HEDIS MY 2020 MWA rate significantly declined from HEDIS MY 2019.



Seven MHPs and the MWA ranked above the LPL but fell below the 50th percentile. Three MHPs fell below the LPL. MHP performance varied by over 21 percentage points.

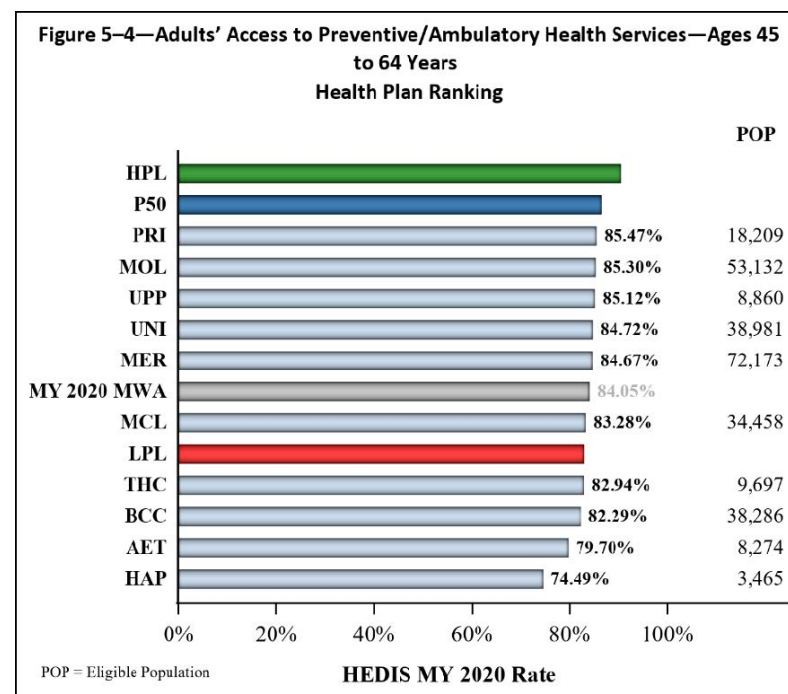
Adults' Access to Preventive/Ambulatory Health Services—Ages 45 to 64 Years

Adults' Access to Preventive/Ambulatory Health Services—Ages 45 to 64 Years assesses the percentage of members 45 to 64 years of age who had an ambulatory or preventive care visit during the MY.



Rates with two crosses (++) indicate a significant decline in performance from the previous year.

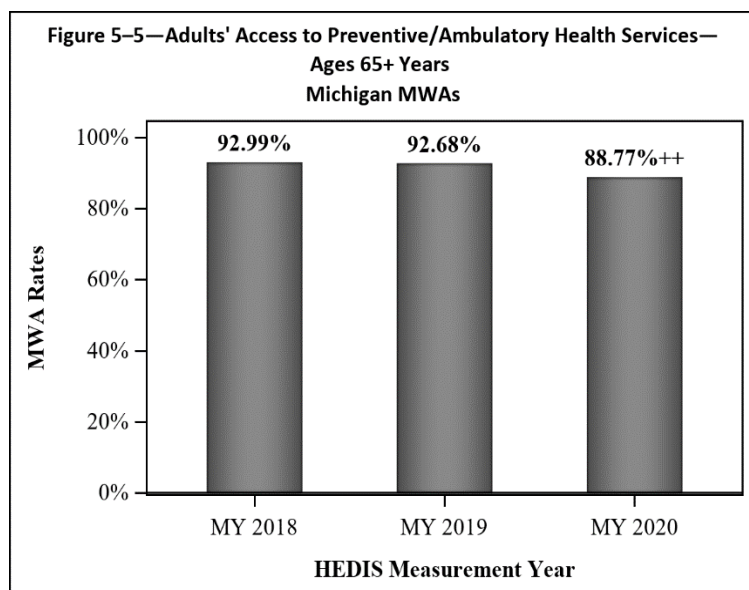
The HEDIS MY 2020 MWA rate significantly declined from HEDIS MY 2019.



Six MHPs and the MWA ranked above the LPL but fell below the 50th percentile and the HPL. Four MHPs fell below the LPL. MHP performance varied by over 10 percentage points.

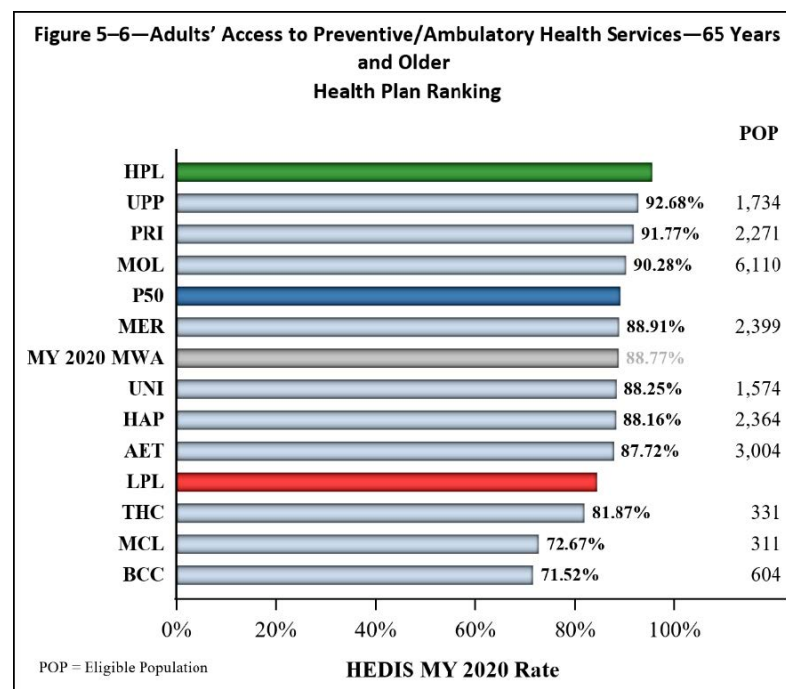
Adults' Access to Preventive/Ambulatory Health Services—Ages 65 Years and Older

Adults' Access to Preventive/Ambulatory Health Services—Ages 65 Years and Older assesses the percentage of members 65 years of age and older who had an ambulatory or preventive care visit during the MY.



Rates with two crosses (++) indicate a significant decline in performance from the previous year.

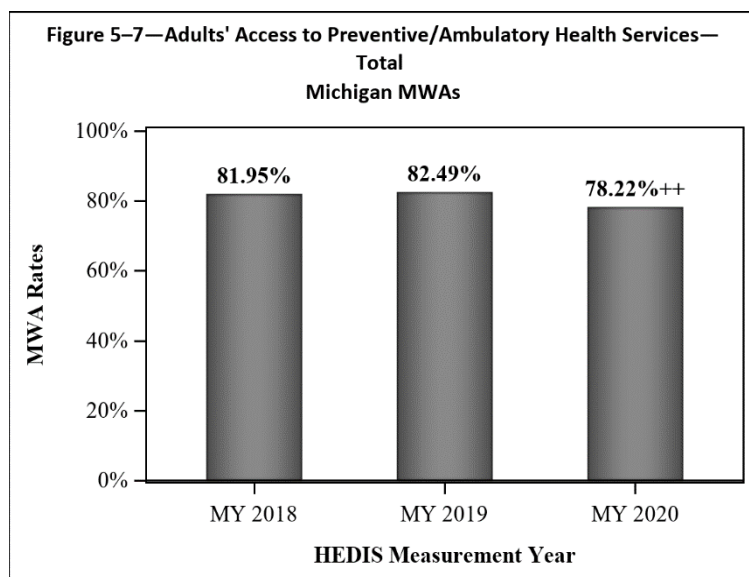
The HEDIS MY 2020 MWA rate significantly declined from HEDIS MY 2019.



Three MHPs ranked above the 50th percentile, but fell below the HPL. Three MHPs fell below the LPL. MHP performance varied by approximately 21 percentage points.

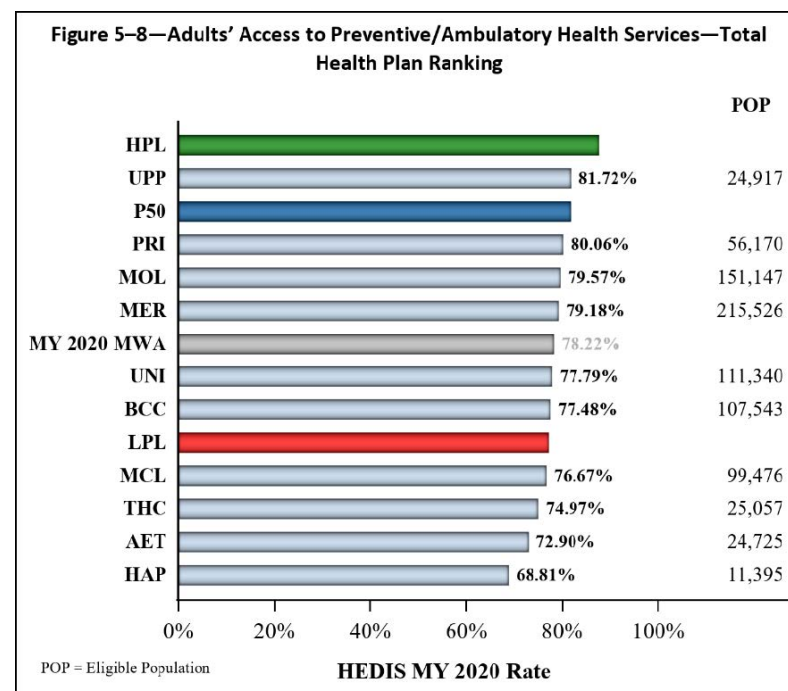
Adults' Access to Preventive/Ambulatory Health Services—Total

Adults' Access to Preventive/Ambulatory Health Services—Total assesses the percentage of members 20 years of age and older who had an ambulatory or preventive care visit during the MY.



Rates with two crosses (++) indicate a significant decline in performance from the previous year.

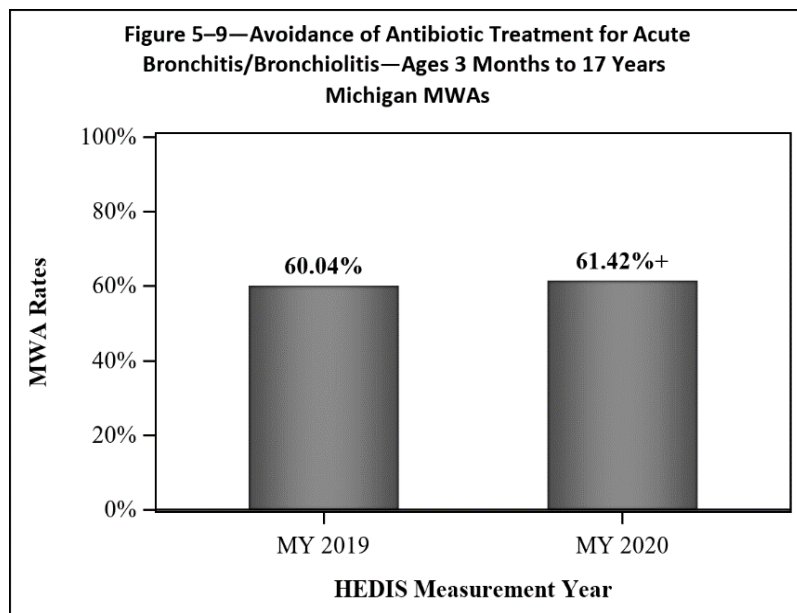
The HEDIS MY 2020 MWA rate significantly declined from HEDIS MY 2019.



One MHP ranked above the 50th percentile, but fell below the HPL. Four MHPs fell below the LPL. MHP performance varied by over 12 percentage points.

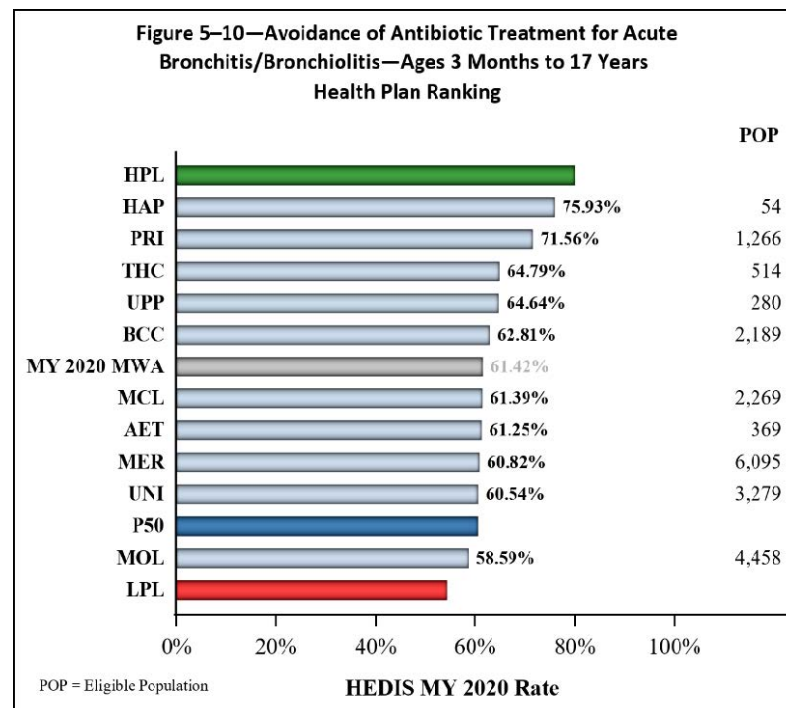
Avoidance of Antibiotic Treatment in for Acute Bronchitis/Bronchiolitis—Ages 3 Months to 17 Years

Avoidance of Antibiotic Treatment for Acute Bronchitis/Bronchiolitis—Ages 3 Months to 17 Years assesses the percentage of members 3 months to 17 years of age with a diagnosis of acute bronchitis who were not dispensed an antibiotic prescription.



Rates with one cross (+) indicate a significant improvement in performance from the previous year.

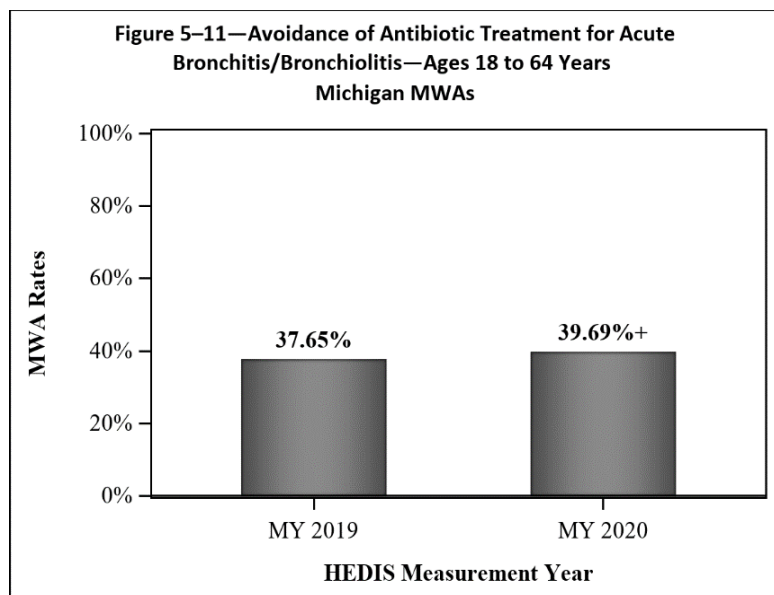
The HEDIS MY 2020 MWA rate significantly improved from HEDIS MY 2019.



Nine MHPs and the MWA ranked above the 50th percentile, but fell below the HPL. All MHPs ranked above the LPL. MHP performance varied by over 17 percentage points.

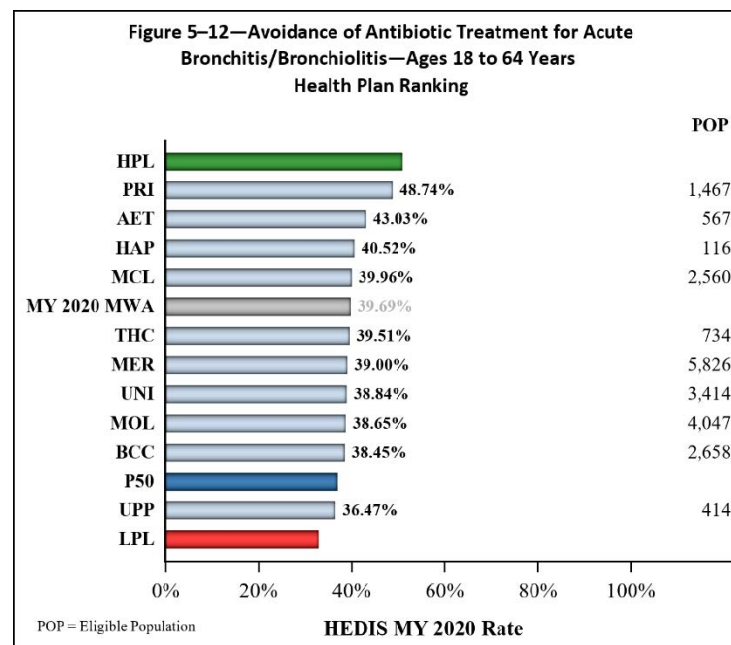
Avoidance of Antibiotic Treatment in for Acute Bronchitis/Bronchiolitis—Ages 18 to 64 Years

Avoidance of Antibiotic Treatment for Acute Bronchitis/Bronchiolitis—Ages 18 to 64 Years assesses the percentage of members 18 to 64 years of age with a diagnosis of acute bronchitis who were not dispensed an antibiotic prescription.



Rates with one cross (+) indicate a significant improvement in performance from the previous year.

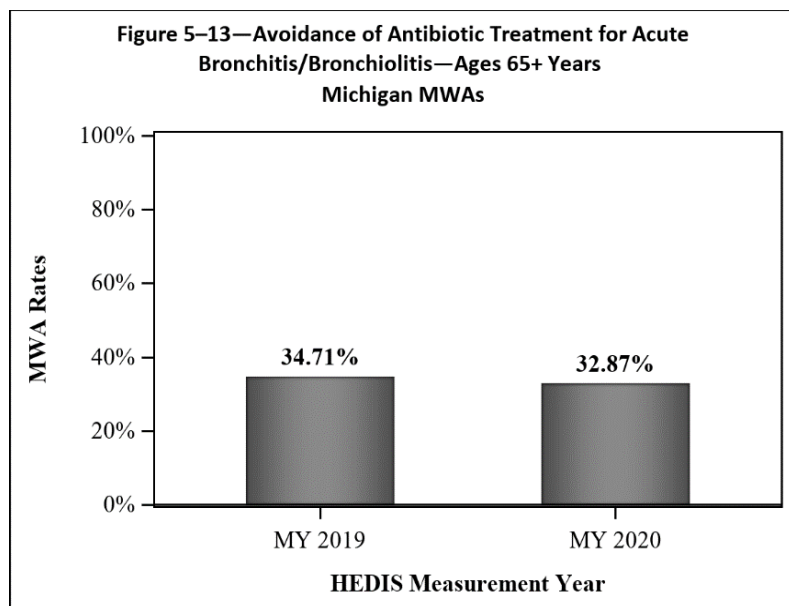
The HEDIS MY 2020 MWA rate significantly improved from HEDIS MY 2019.



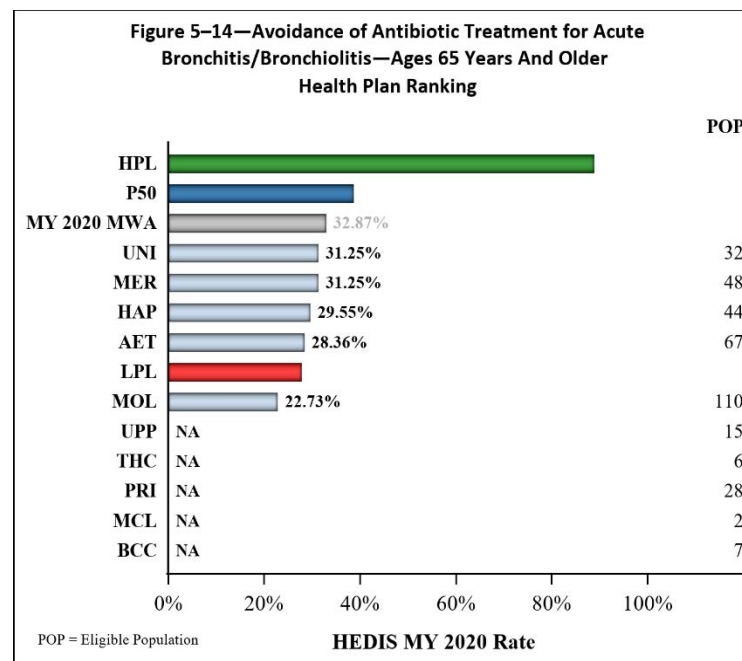
Nine MHPs and the MWA ranked above the 50th percentile, but fell below the HPL. All MHPs ranked above the LPL. MHP performance varied by over 12 percentage points.

Avoidance of Antibiotic Treatment in for Acute Bronchitis/Bronchiolitis—Ages 65 Years and Older

Avoidance of Antibiotic Treatment for Acute Bronchitis/Bronchiolitis—Ages 65 Years and Older assesses the percentage of members 65 years of age and older with a diagnosis of acute bronchitis who were not dispensed an antibiotic prescription.



The HEDIS MY 2020 MWA rate did not demonstrate a significant change from HEDIS MY 2019.

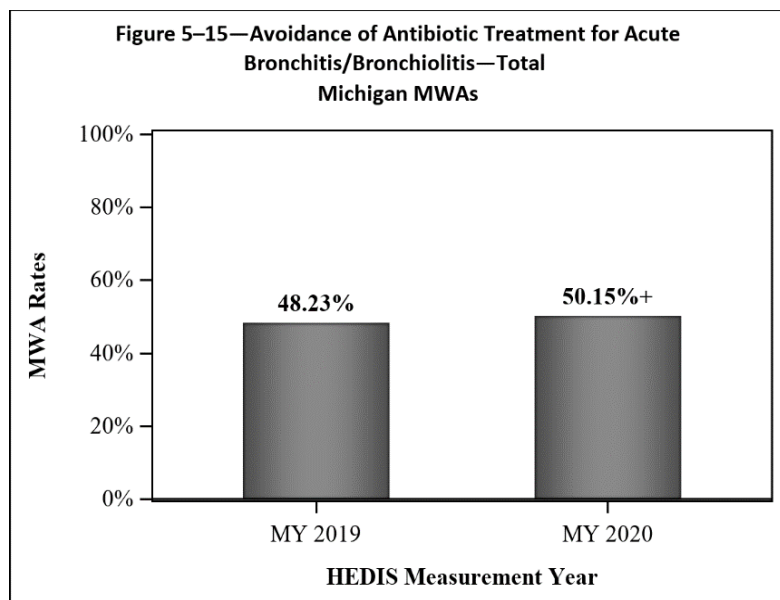


NA indicates that the MHP followed the specifications, but the denominator was too small (<30) to report a valid rate.

Four MHPs and the MWA ranked above the LPL, but fell below 50th percentile and the HPL. One MHP fell below the LPL. MHP performance varied by over 8 percentage points.

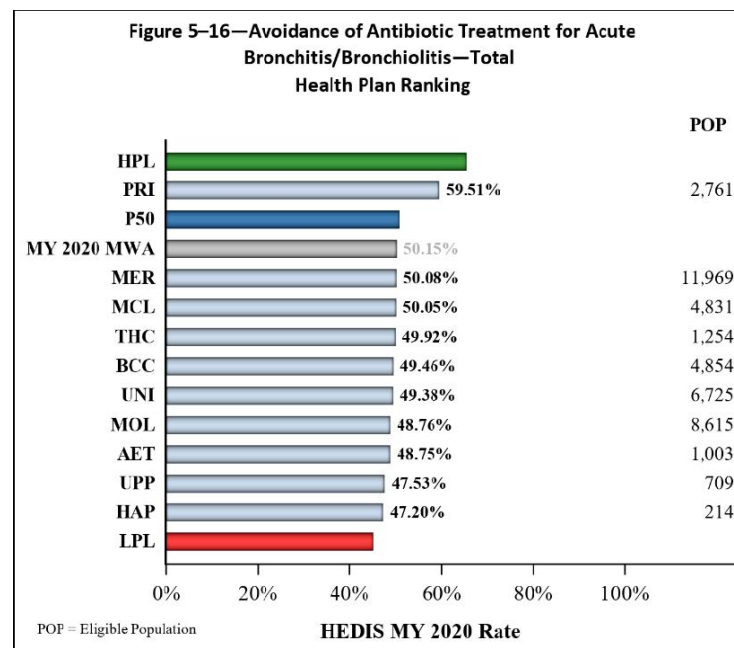
Avoidance of Antibiotic Treatment in for Acute Bronchitis/Bronchiolitis—Total

Avoidance of Antibiotic Treatment for Acute Bronchitis/Bronchiolitis—Total assesses the percentage of members 3 months of age or older with a diagnosis of acute bronchitis who were not dispensed an antibiotic prescription.



Rates with one cross (+) indicate a significant improvement in performance from the previous year.

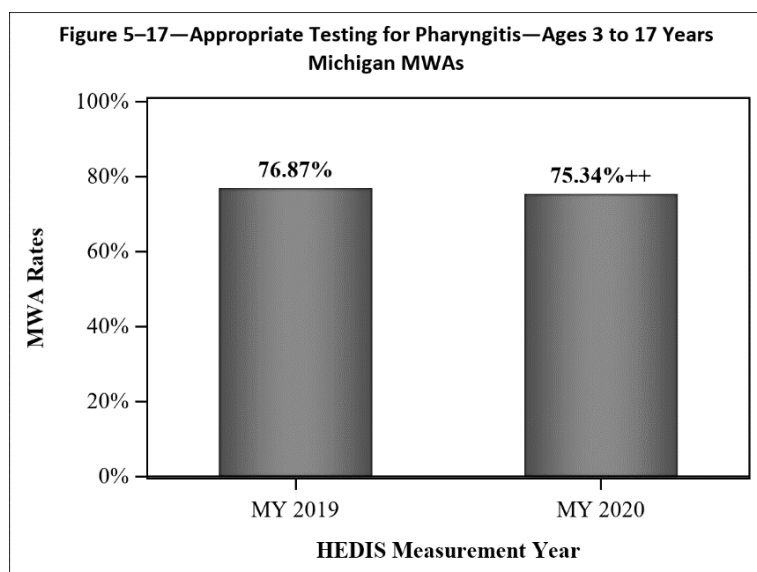
The HEDIS MY 2020 MWA rate significantly improved from HEDIS MY 2019.



One MHP ranked above 50th percentile, but fell below the HPL. Nine MHPs and the MWA fell below the 50th percentile, but ranked above the LPL. MHP performance varied by over 12 percentage points.

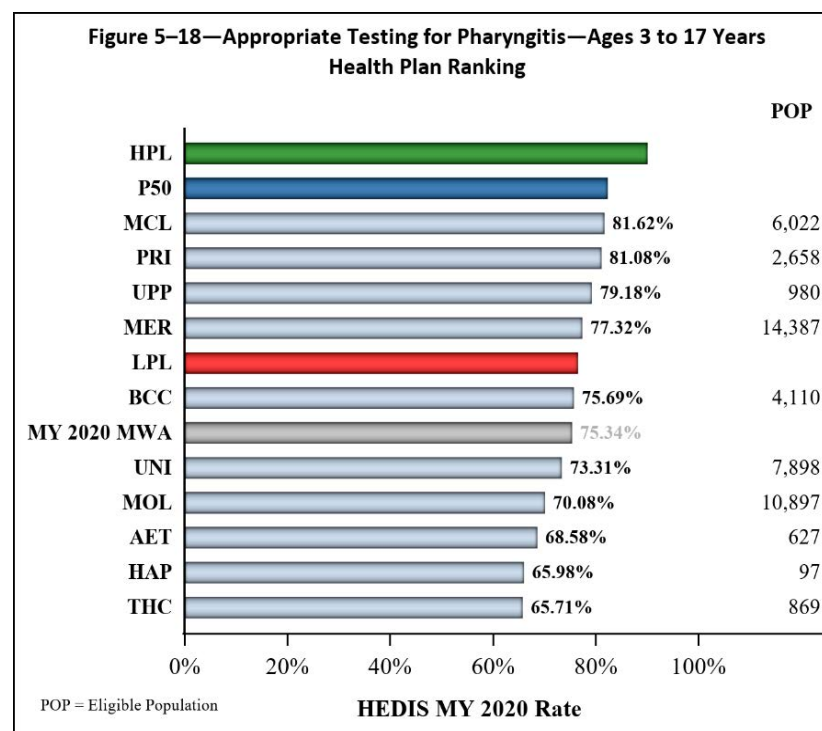
Appropriate Testing for Pharyngitis—Ages 3 Months to 17 Years

Appropriate Testing for Pharyngitis—Ages 3 Months to 17 Years assesses the percentage of members 3 months to 17 years of age who were diagnosed with pharyngitis, were dispensed an antibiotic, and received a group A streptococcus test for the episode. Due to changes in the technical specifications for this measure, exercise caution when trending rates between MY 2020 and prior years.



Rates with two crosses (++) indicate a significant decline in performance from the previous year.

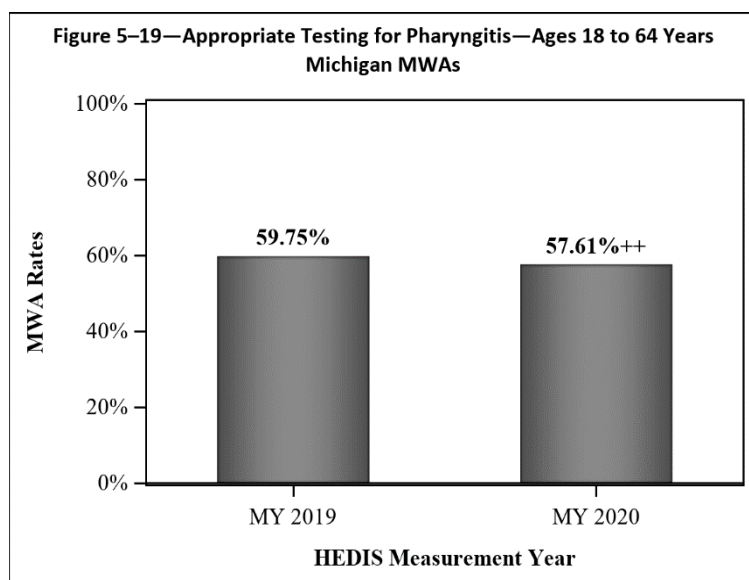
The HEDIS MY 2020 MWA rate significantly declined from HEDIS MY 2019 MWA.



Four MHPs ranked above the LPL, but fell below the 50th percentile. Six MHPs and the MWA fell below the LPL. MHP performance varied by over 15 percentage points.

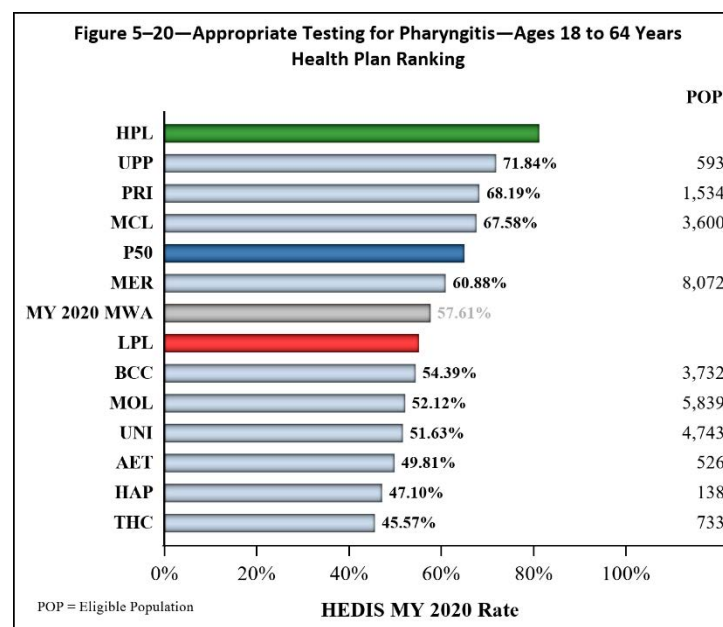
Appropriate Testing for Pharyngitis—Ages 18 to 64 Years

Appropriate Testing for Pharyngitis—Ages 18 to 64 Years assesses the percentage of members 18 to 64 years of age who were diagnosed with pharyngitis, were dispensed an antibiotic, and received a group A streptococcus test for the episode. Due to changes in the technical specifications for this measure, exercise caution when trending rates between MY 2020 and prior years.



Rates with two crosses (++) indicate a significant decline in performance from the previous year.

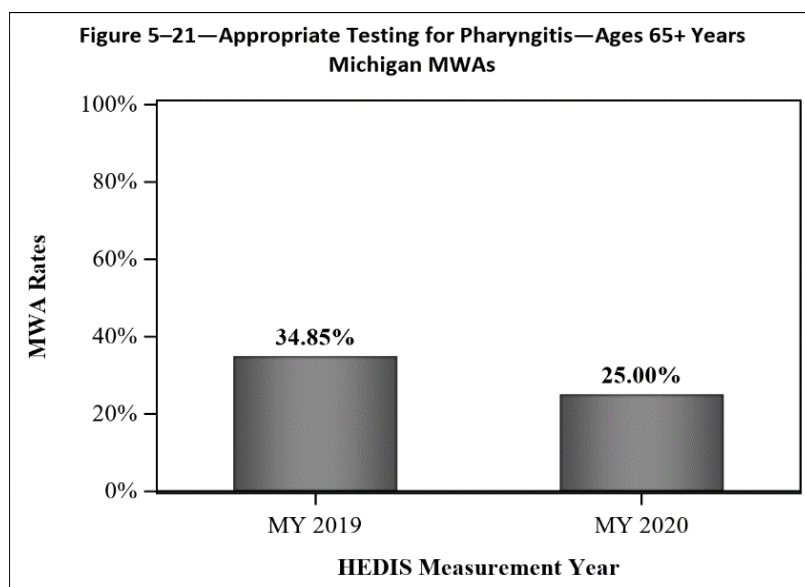
The HEDIS MY 2020 MWA rate significantly declined from HEDIS MY 2019 MWA.



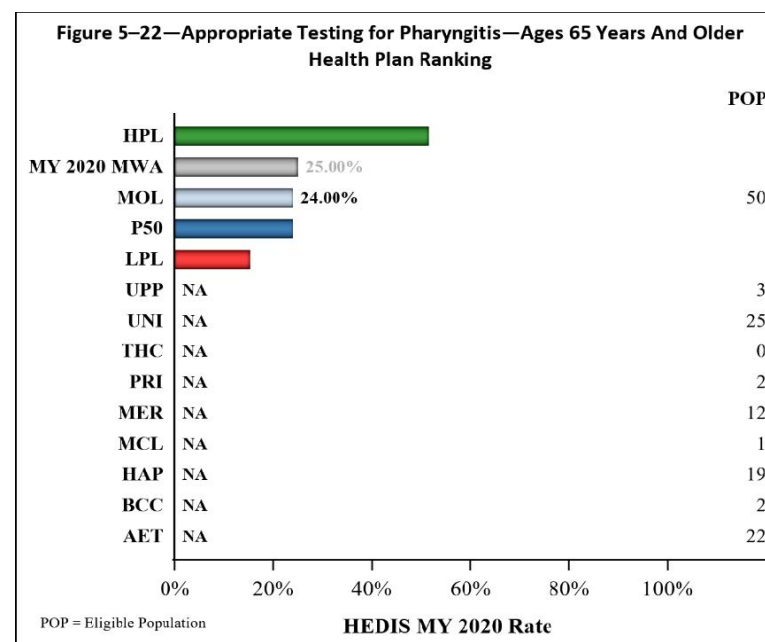
Three MHPs ranked above 50th percentile, but fell below the HPL. Six MHPs fell below the LPL. MHP performance varied by over 26 percentage points.

Appropriate Testing for Pharyngitis—Ages 65 Years and Older

Appropriate Testing for Pharyngitis—Ages 65 Years and Older assesses the percentage of members 65 years of age and older who were diagnosed with pharyngitis, were dispensed an antibiotic, and received a group A streptococcus test for the episode. Due to changes in the technical specifications for this measure, exercise caution when trending rates between MY 2020 and prior years.



The HEDIS MY 2020 MWA rate did not demonstrate a significant change from HEDIS MY 2019.

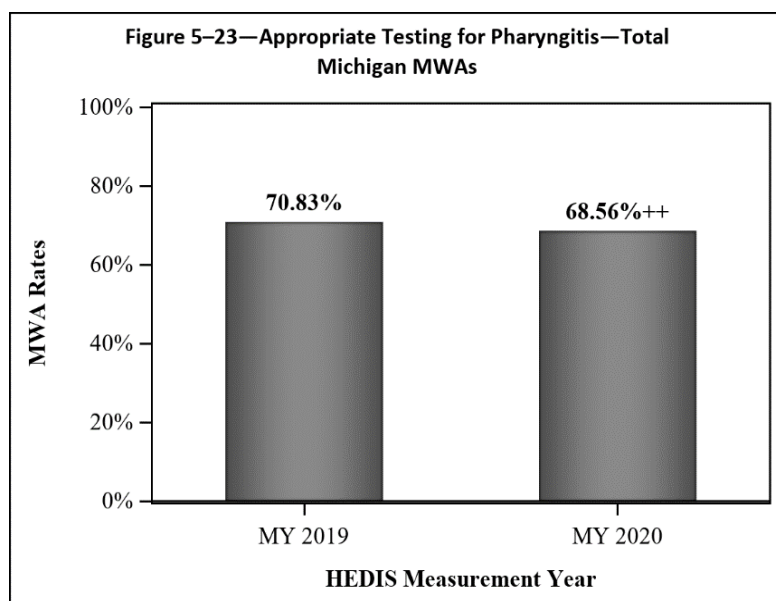


NA indicates that the MHP followed the specifications, but the denominator was too small (<30) to report a valid rate.

One MHP and the MWA ranked above the 50th percentile and the LPL, but fell below the HPL.

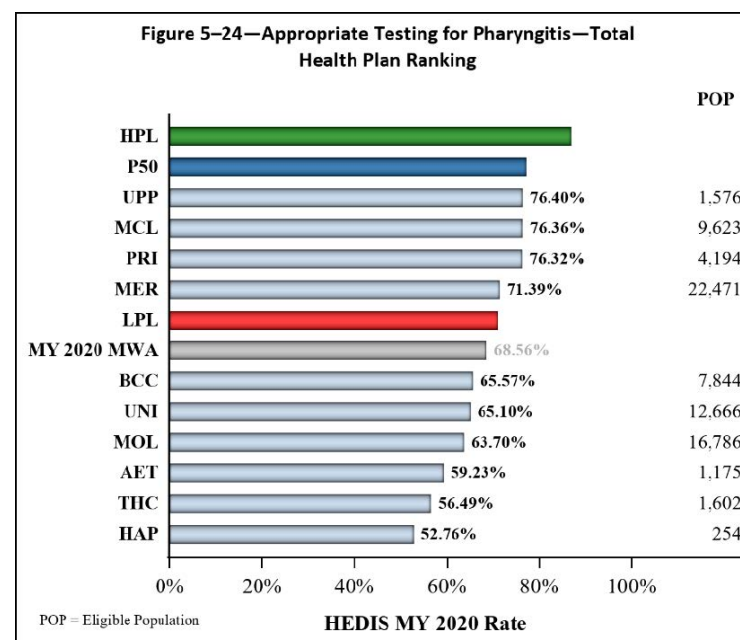
Appropriate Testing for Pharyngitis—Total

Appropriate Testing for Pharyngitis—Total assesses the percentage of members who were diagnosed with pharyngitis, were dispensed an antibiotic, and received a group A streptococcus test for the episode. Due to changes in the technical specifications for this measure, exercise caution when trending rates between MY 2020 and prior years..



Rates with two crosses (++) indicate a significant decline in performance from the previous year.

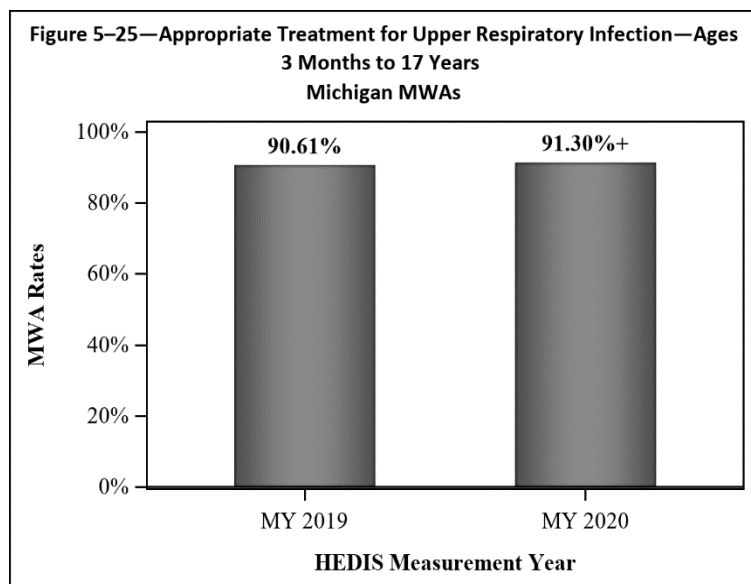
The HEDIS MY 2020 MWA rate significantly declined from HEDIS MY 2019.



Four MHPs ranked above the LPL, but fell below the 50th percentile and the HPL. Six MHPs and the MWA fell below the LPL. MHP performance varied by over 23 percentage points.

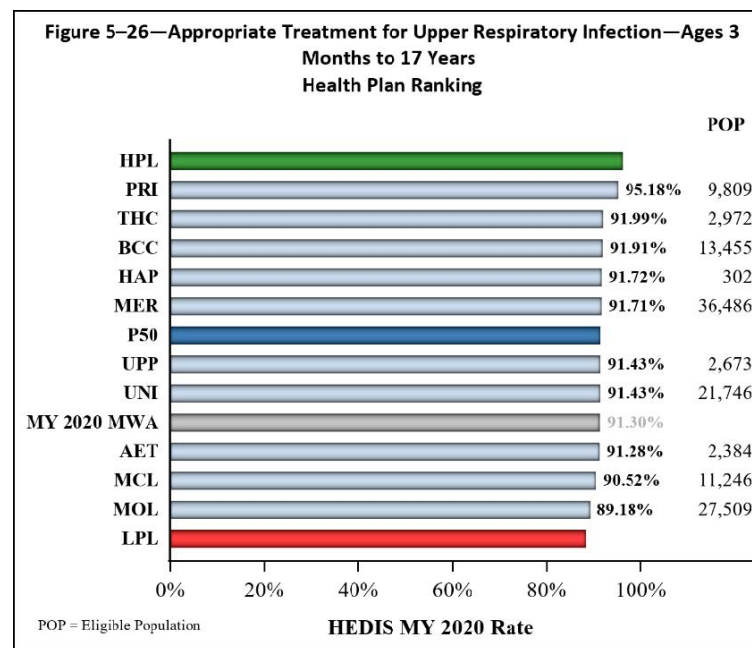
Appropriate Treatment for Upper Respiratory Infection—Ages 3 Months to 17 Years

Appropriate Treatment for Upper Respiratory Infection—Ages 3 Months to 17 Years assesses the percentage of members 3 months to 17 years of age with a diagnosis of upper respiratory infection that did not result in an antibiotic dispensing event.



Rates with one cross (+) indicate a significant improvement in performance from the previous year.

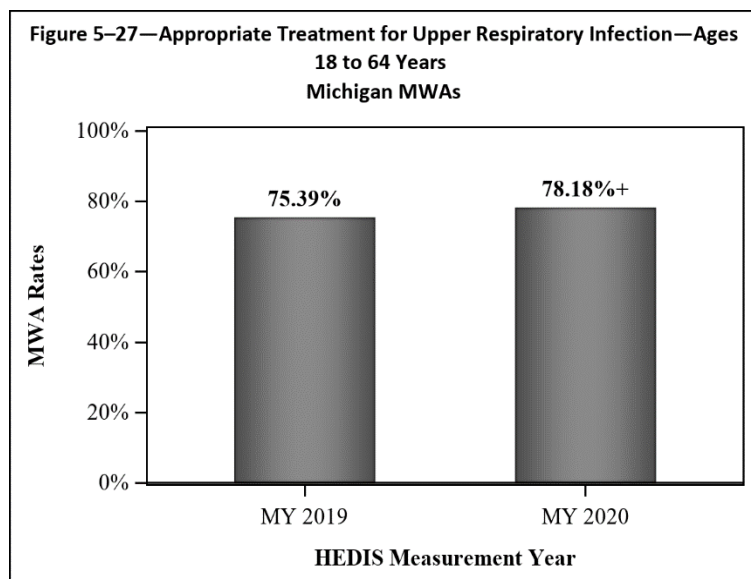
The HEDIS MY 2020 MWA rate significantly improved from HEDIS MY 2019.



Five MHPs ranked above the 50th percentile, but fell below the HPL. Five MHPs and the MWA ranked above the LPL, but fell below the 50th percentile. MHP performance varied by approximately six percentage points.

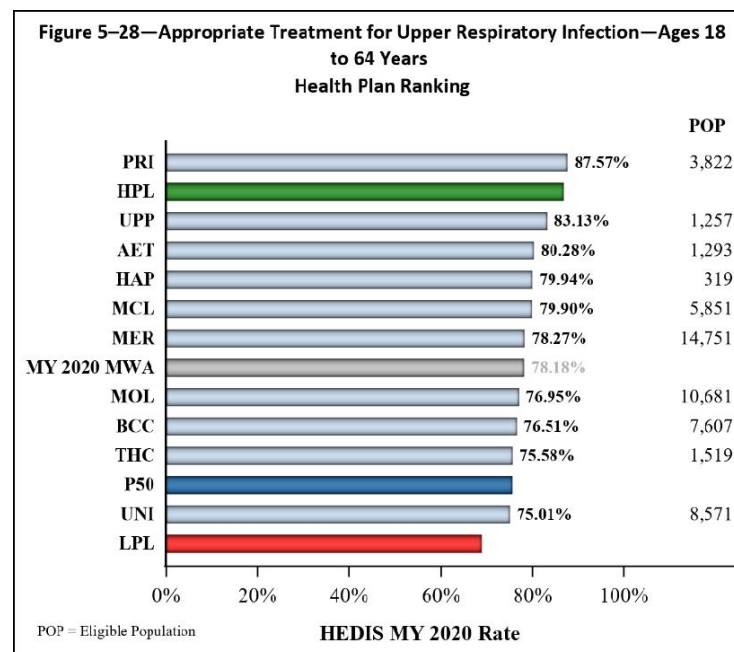
Appropriate Treatment for Upper Respiratory Infection—Ages 18 to 64 Years

Appropriate Treatment for Upper Respiratory Infection—Ages 18 to 64 Years assesses the percentage of members 18 to 64 years of age with a diagnosis of upper respiratory infection that did not result in an antibiotic dispensing event.



Rates with one cross (+) indicate a significant improvement in performance from the previous year.

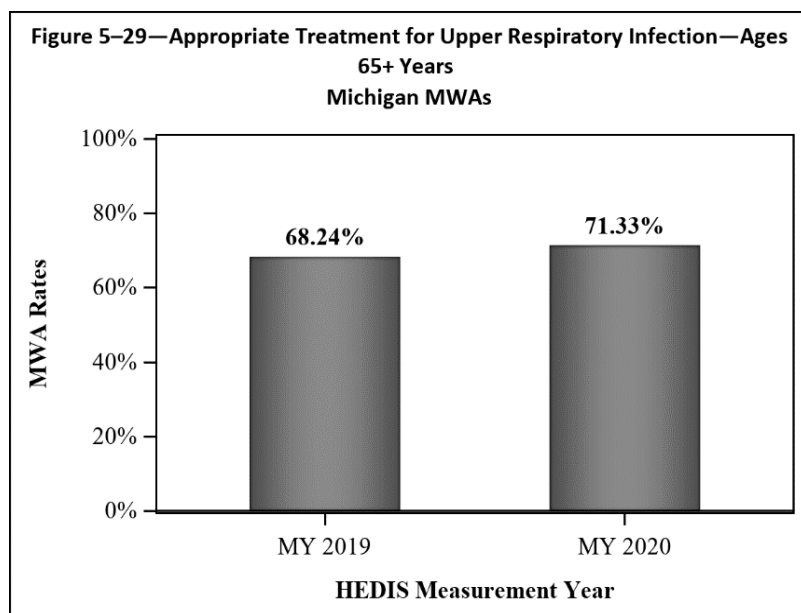
The HEDIS MY 2020 MWA rate significantly improved from HEDIS MY 2019.



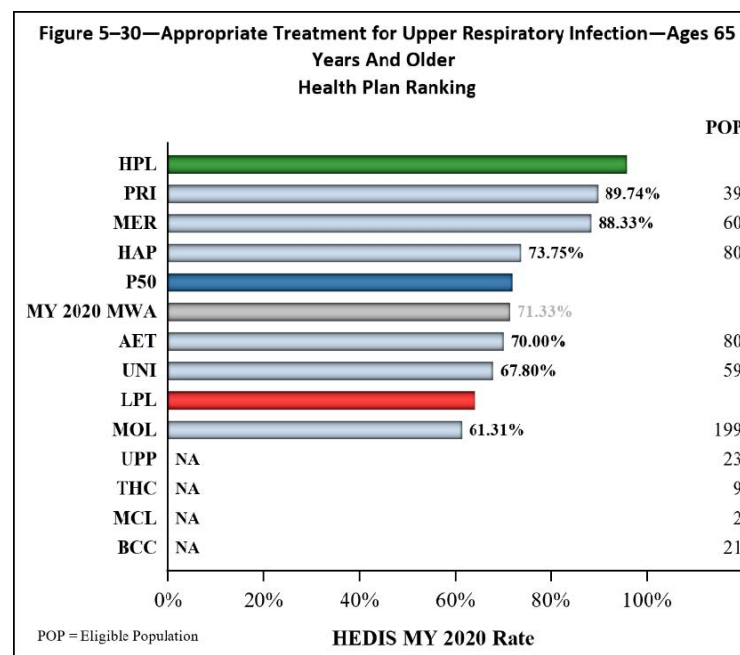
Nine MHPs and the MWA ranked above the 50th percentile, with one above the HPL. One MHP ranked above the LPL, but fell below the 50th percentile. MHP performance varied by over 12 percentage points.

Appropriate Treatment for Upper Respiratory Infection—Ages 65 Years and Older

Appropriate Treatment for Upper Respiratory Infection—Ages 65 Years and Older assesses the percentage of members 65 years of age and older with a diagnosis of upper respiratory infection that did not result in an antibiotic dispensing event.



The HEDIS MY 2020 MWA rate did not demonstrate a significant change from HEDIS MY 2019.

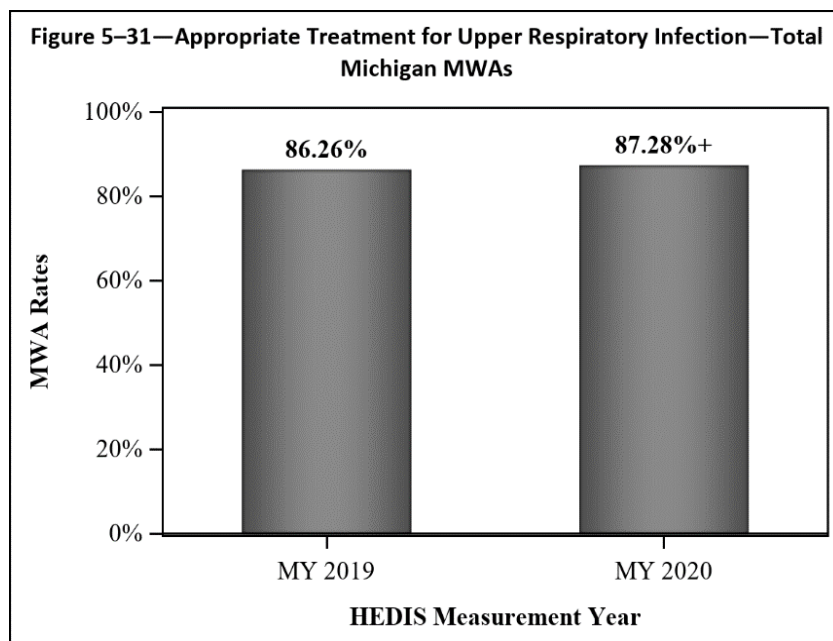


NA indicates that the MHP followed the specifications, but the denominator was too small (<30) to report a valid rate.

Three MHPs ranked above the 50th percentile, but fell below the HPL. One MHP fell below the LPL. MHP performance varied by nearly 28 percentage points.

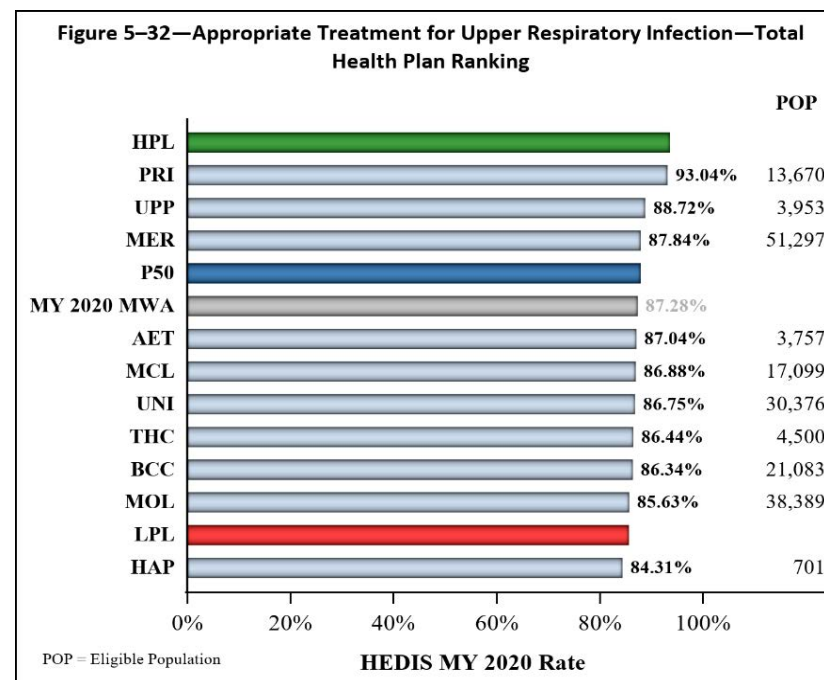
Appropriate Treatment for Upper Respiratory Infection—Total

Appropriate Treatment for Upper Respiratory Infection—Total assesses the percentage of members with a diagnosis of upper respiratory infection that did not result in an antibiotic dispensing event.



Rates with one cross (+) indicate a significant improvement in performance from the previous year.

The HEDIS MY 2020 MWA rate significantly improved from HEDIS MY 2019.



Three MHPs ranked above the 50th percentile, but fell below the HPL. One MHP fell below the LPL. MHP performance varied by over eight percentage points.

6. Obesity

Introduction

The Obesity domain encompasses the following HEDIS measures:

- *Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents—BMI Percentile Documentation—Total, Counseling for Nutrition—Total, and Counseling for Physical Activity—Total*

Please see the “How to Get the Most From This Report” section for guidance on interpreting the figures presented within this section. For reference, additional analyses for each measure indicator are displayed in Appendices A, B, and C.

Summary of Findings

Table 6-1 presents the Michigan MWA performance for the measure indicators under the Obesity domain. The table lists the HEDIS MY 2020 MWA rates and performance levels, a comparison of the HEDIS MY 2019 MWA to the HEDIS MY 2020 MWA for each measure indicator with trend analysis results, and a summary of the MHPs with rates demonstrating significant changes from HEDIS MY 2019 MWA to HEDIS MY 2020 MWA.

Table 6-1—HEDIS MY 2020 MWA Performance Levels and Trend Results for Obesity

| Measure | HEDIS MY 2020 MWA and Performance Level ¹ | HEDIS MY 2019 MWA—HEDIS MY 2020 MWA Comparison ² | Number of MHPs With Statistically Significant Improvement in HEDIS MY 2020 | Number of MHPs With Statistically Significant Decline in HEDIS MY 2020 |
|---|--|---|--|--|
| <i>Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents</i> | | | | |
| <i>BMI Percentile Documentation—Total³</i> | 78.53% | -7.31 ⁺⁺ | 0 | 6 |
| <i>Counseling for Nutrition—Total</i> | 69.51% | -6.17 ⁺⁺ | 0 | 5 |
| <i>Counseling for Physical Activity—Total</i> | 67.60% | -6.16 ⁺⁺ | 0 | 6 |

¹ HEDIS MY 2020 performance levels were based on comparisons of the HEDIS MY 2020 MWA rates to national Medicaid Quality Compass HEDIS MY 2019 MWA benchmarks. HEDIS MY 2020 performance levels represent the following percentile comparisons:

| | | | | |
|-------|-----------------|-----------------|-----------------|-------|
| ≤25th | ≥25th and ≤49th | ≥50th and ≤74th | ≥75th and ≤89th | ≥90th |
|-------|-----------------|-----------------|-----------------|-------|

² HEDIS MY 2019 MWA to HEDIS MY 2020 MWA comparisons were based on a Chi-square test of statistical significance with a p-value <0.01 due to large denominators.

³ Due to changes in the technical specifications for this measure, NCQA recommends trending between MY 2020 and prior years be considered with caution.

Red Shading⁺⁺ Indicates that the HEDIS MY 2020 MWA demonstrated a significant decline from the HEDIS MY 2019 MWA.

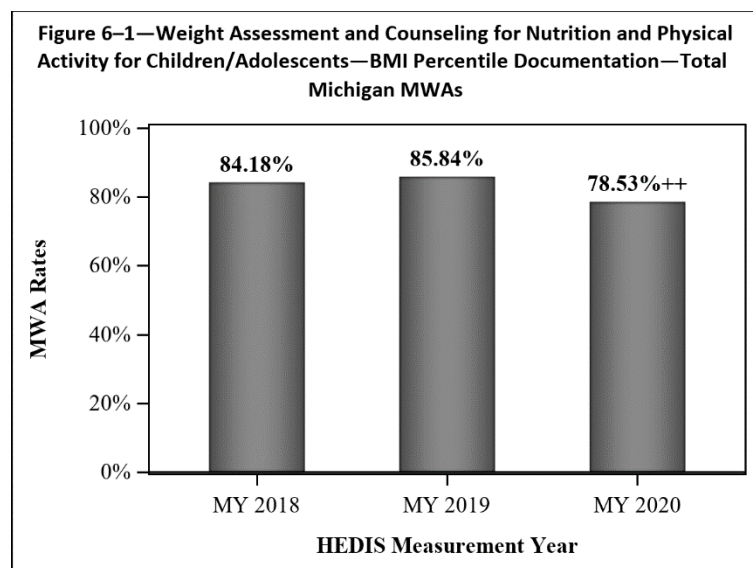
Table 6-1 shows that for the Obesity domain, *Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents—Counseling for Physical Activity—Total* was an area of strength as the MWA was above the 50th percentile. Additionally, Priority, Upper Peninsula, and UnitedHealthcare demonstrated high performance, ranking above the 50th percentile, but falling below the HPL for all three of the measure indicators within the Obesity domain.

The MWA had significant decreases across all measure indicators and ranked below the 50th percentile for two of the three measures within the Obesity domain (*Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents—BMI Percentile Documentation—Total* and *Counseling for Nutrition—Total*). McLaren ranked below the LPL for all three measure indicators. MDHHS should work with the MHPs and providers to strategize the best way to utilize every office visit or virtual visit to encourage a healthy lifestyle and provide education on healthy habits for children and adolescents. Additionally, MDHHS should monitor McLaren’s performance for this measure to ensure the MHP performance does not continue to decline and encourage higher performing MHPs to share and discuss best practices. If the decline in children and adolescents receiving these services is identified to be related to the COVID-19 public health emergency, MDHHS is encouraged to work with other state Medicaid agencies facing similar barriers, to identify safe methods for improved access to these services.

Measure-Specific Findings

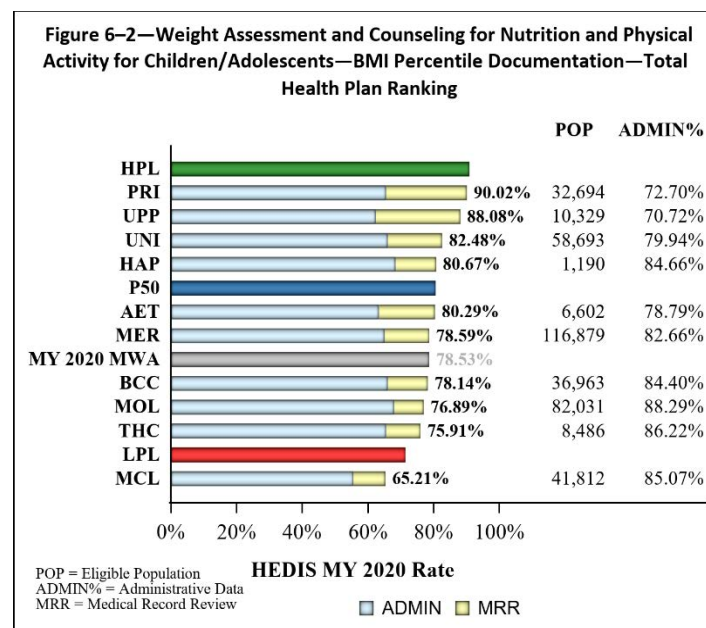
Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents—BMI Percentile Documentation—Total

Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents—BMI Percentile Documentation—Total assesses the percentage of members 3 to 17 years of age who had an outpatient visit with a PCP or OB/GYN and had evidence of BMI percentile documentation during the MY. Due to changes in the technical specifications for this measure, exercise caution when trending rates between MY 2020 and prior years.



Rates with two crosses (++) indicate a significant decline in performance from the previous year.

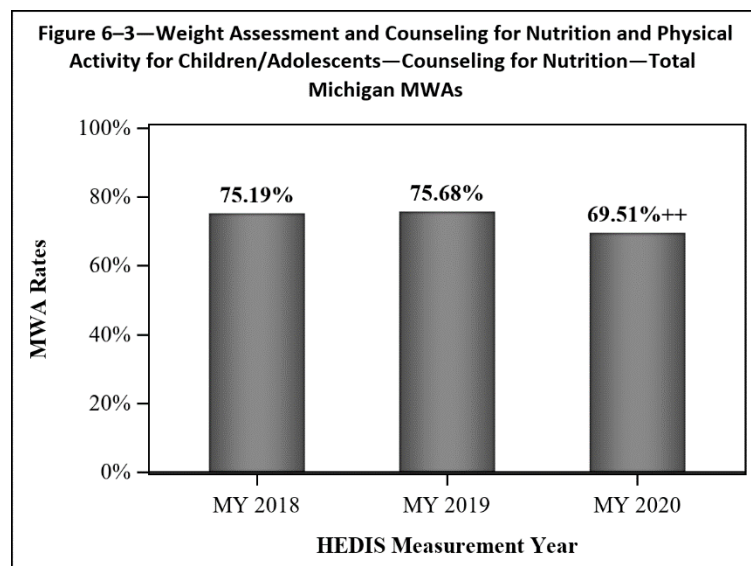
The HEDIS MY 2020 MWA rate significantly declined from HEDIS MY 2019.



Four MHPs ranked above the 50th percentile, but fell below the HPL. One MHP fell below the LPL. MHP performance varied by over 24 percentage points.

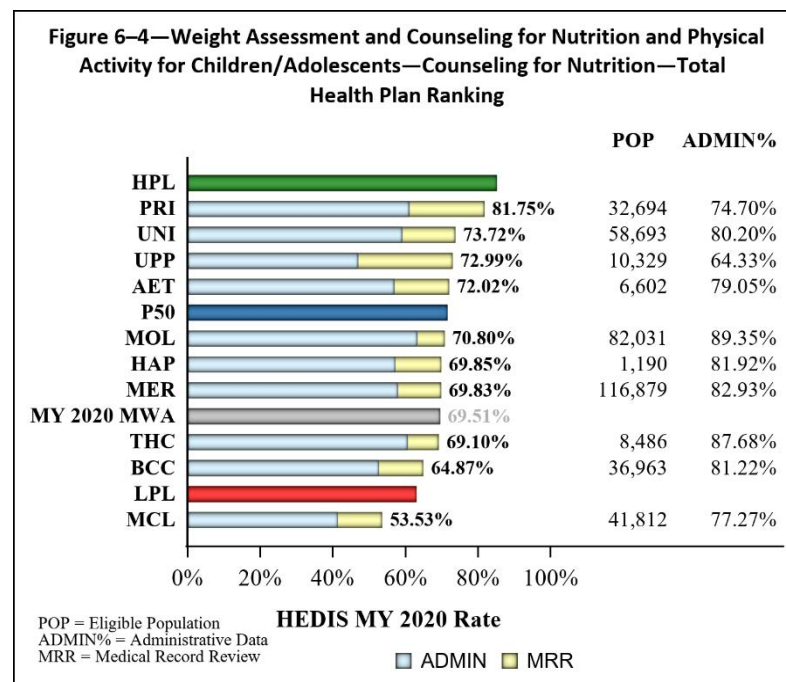
Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents— Counseling for Nutrition—Total

Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents—Counseling for Nutrition—Total assesses the percentage of members 3 to 17 years of age who had an outpatient visit with a PCP or OB/GYN and had evidence of counseling for nutrition during the MY.



Rates with two crosses (++) indicate a significant decline in performance from the previous year.

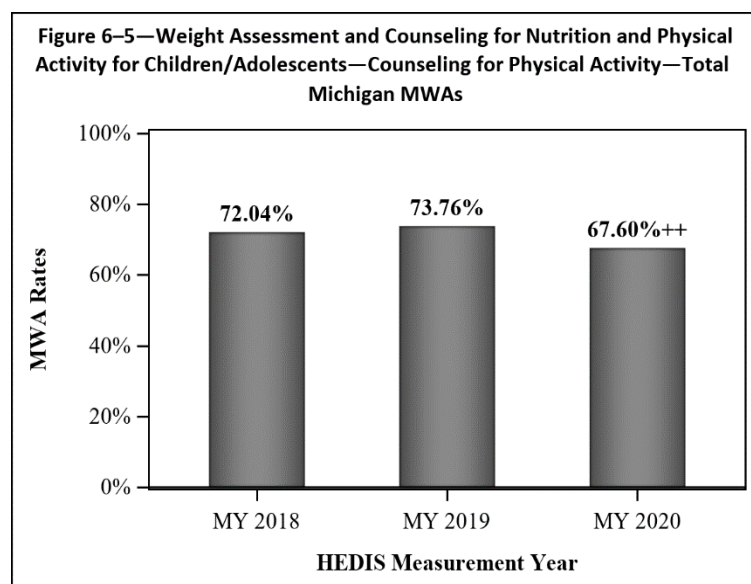
The HEDIS MY 2020 MWA rate significantly declined from HEDIS MY 2019.



Four MHPs ranked above the 50th percentile, but fell below the HPL. One MHP fell below the LPL. MHP performance varied by over 28 percentage points.

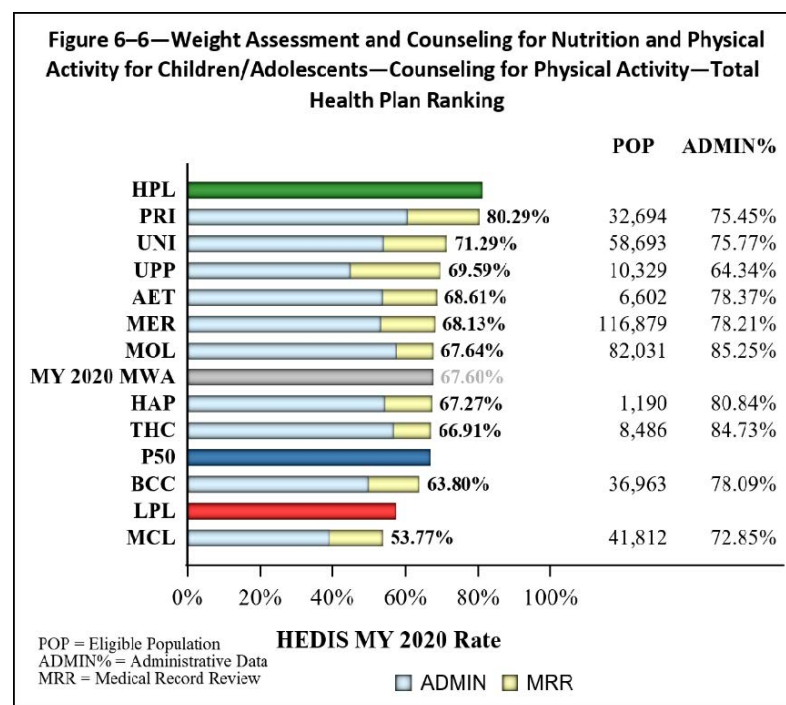
Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents— Counseling for Physical Activity—Total

Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents—Counseling for Physical Activity—Total assesses the percentage of members 3 to 17 years of age who had an outpatient visit with a PCP or OB/GYN and had evidence of counseling for physical activity during the MY.



Rates with two crosses (++) indicate a significant decline in performance from the previous year.

The HEDIS MY 2020 MWA rate significantly declined from HEDIS MY 2019.



Eight MHPs and the MWA ranked above the 50th percentile, but fell below the HPL. One MHP fell below the LPL. MHP performance varied by over 26 percentage points.

7. Pregnancy Care

Introduction

The Pregnancy Care domain encompasses the following HEDIS measure:

- Prenatal and Postpartum Care—Timeliness of Prenatal Care and Postpartum Care*

Please see the “How to Get the Most From This Report” section for guidance on interpreting the figures presented within this section. For reference, additional analyses for each measure indicator are displayed in Appendices A, B, and C.

Summary of Findings

Table 7-1 presents the Michigan MWA performance for the measure indicators under the Pregnancy Care domain.

Table 7-1—HEDIS MY 2020 MWA Performance Levels and Trend Results for Pregnancy Care

| Measure | HEDIS MY 2020 MWA and Performance Level ¹ | HEDIS MY 2019 MWA—HEDIS MY 2020 MWA Comparison ² | Number of MHPs With Statistically Significant Improvement in HEDIS MY 2020 | Number of MHPs With Statistically Significant Decline in HEDIS MY 2020 |
|--|--|---|--|--|
| <i>Prenatal and Postpartum Care³</i> | | | | |
| <i>Timeliness of Prenatal Care</i> | 79.54% | -6.63⁺⁺ | 0 | 6 |
| <i>Postpartum Care</i> | 70.13% | -3.63⁺⁺ | 0 | 4 |

¹ HEDIS MY 2020 performance levels were based on comparisons of the HEDIS MY 2020 MWA rates to national Medicaid Quality Compass HEDIS MY 2019 MWA benchmarks. HEDIS MY 2020 performance levels represent the following percentile comparisons:

| | | | | |
|-------|-----------------|-----------------|-----------------|-------|
| ≤25th | ≥25th and ≤49th | ≥50th and ≤74th | ≥75th and ≤89th | ≥90th |
|-------|-----------------|-----------------|-----------------|-------|

² HEDIS MY 2019 MWA to HEDIS MY 2020 MWA comparisons were based on a Chi-square test of statistical significance with a p-value <0.01 due to large denominators.

³ Due to changes in the technical specifications for this measure, NCQA recommends trending between MY 2020 and prior years be considered with caution.

Red Shading⁺⁺ Indicates that the HEDIS MY 2020 MWA demonstrated a significant decline from the HEDIS MY 2019 MWA.

Table 7-1 shows that for the Pregnancy Care domain, both measure indicators ranked below the 25th percentile and had a MWA decrease of over three percentage points from HEDIS MY 2019, with the *Prenatal and Postpartum Care—Timeliness of Prenatal Care* indicator demonstrating the most significant MWA decrease of over six percentage points from HEDIS MY 2019. Molina, Meridian, Blue Cross, UnitedHealthcare, McLaren, Aetna, HAP, and Total Health all fell below the LPL for both *Prenatal and Postpartum Care—Timeliness of Prenatal Care* and *Postpartum Care* indicators. The MWA also fell below the LPL for both measure indicators.

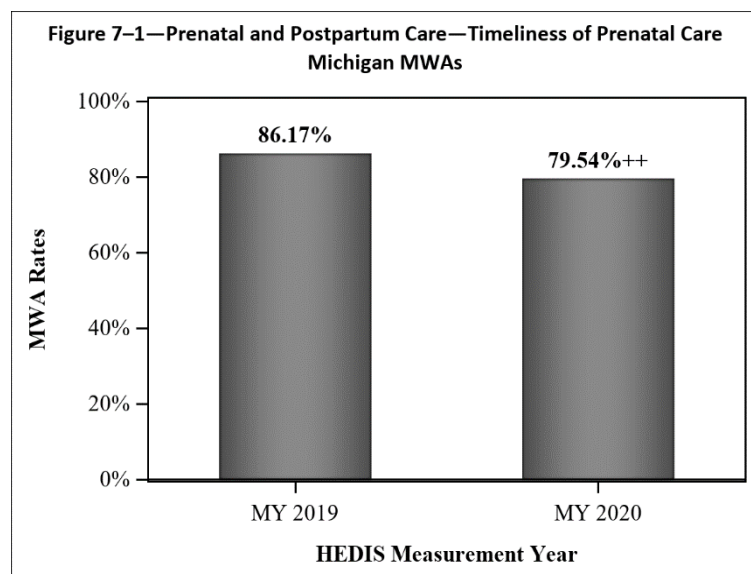
Upper Peninsula ranked above the 50th percentile for both measure indicators, and was above the HPL for *Prenatal and Postpartum Care—Postpartum Care*. MDHHS should work with the MHPs and providers on the best practices for providing ongoing prenatal and postpartum care. This is especially important during COVID-19, as pregnant and recently pregnant women are at a higher risk for severe illness from COVID-19 than nonpregnant women. Additionally, pregnant women with COVID-19 are at a higher risk for preterm birth and might have a higher risk for other adverse pregnancy outcomes.⁷⁻¹ MDHHS is encouraged to work with the higher performing MHPs to identify best practice to ensuring women access to prenatal and postpartum care, which can then be spread to the lower performing MHPs to improve overall access.

⁷⁻¹ Centers for Disease Control and Prevention. Investigating the Impact of COVID-19 during Pregnancy. Available at: <https://www.cdc.gov/coronavirus/2019-ncov/cases-updates/special-populations/pregnancy-data-on-covid-19/what-cdc-is-doing.html>. Accessed on: September 17, 2021.

Measure-Specific Findings

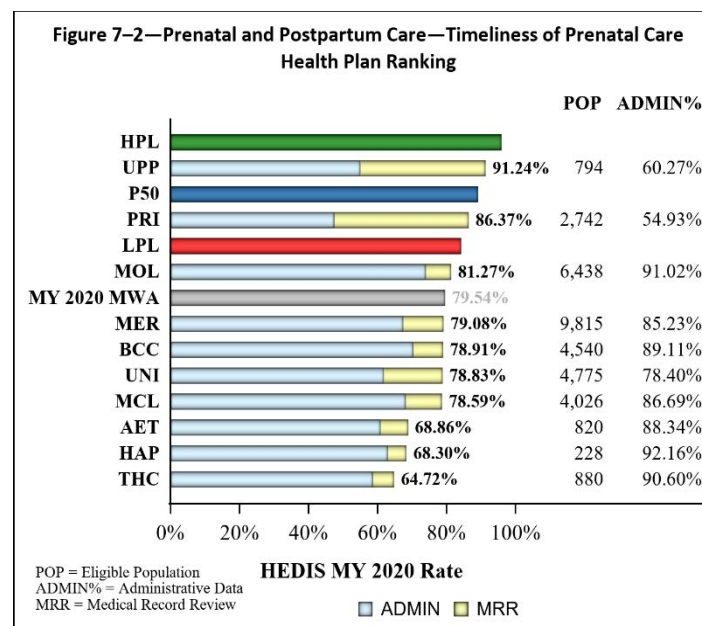
Prenatal and Postpartum Care—Timeliness of Prenatal Care

Prenatal and Postpartum Care—Timeliness of Prenatal Care assesses the percentage of deliveries of live births that received a prenatal care visit as a member of the MHP in the first trimester or within 42 days of enrollment in the MHP. Due to changes in the technical specifications for this measure, exercise caution when trending rates between MY 2020 and prior years.



Rates with two crosses (++) indicate a significant decline in performance from the previous year.

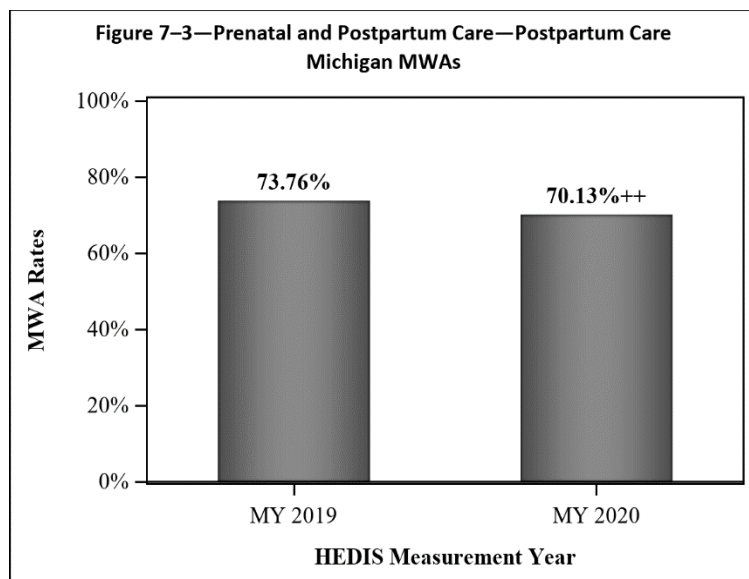
The HEDIS MY 2020 MWA rate significantly declined from HEDIS MY 2019.



One MHP ranked above the 50th percentile, but fell below the HPL. Eight MHPs and the MWA fell below the LPL. MHP performance varied by over 26 percentage points.

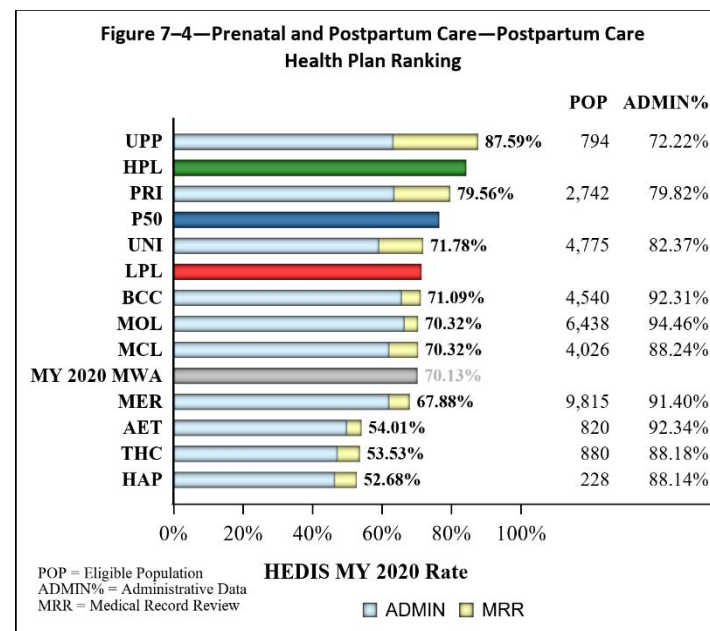
Prenatal and Postpartum Care—Postpartum Care

Prenatal and Postpartum Care—Postpartum Care assesses the percentage of deliveries of live births that had a postpartum visit on or between 21 and 56 days after delivery. Due to changes in the technical specifications for this measure, exercise caution when trending rates between MY 2020 and prior years.



Rates with two crosses (++) indicate a significant decline in performance from the previous year.

The HEDIS MY 2020 MWA rate significantly declined from HEDIS MY 2019.



Two MHPs ranked above the 50th percentile, with one MHP above the HPL. Seven MHPs and the MWA fell below the LPL. MHP performance varied by over 34 percentage points.

8. Living With Illness

Introduction

The Living With Illness domain encompasses the following HEDIS measures:

- *Comprehensive Diabetes Care—HbA1c Testing, HbA1c Poor Control (>9.0%), HbA1c Control (<8.0%), Eye Exam (Retinal) Performed, and Blood Pressure Control (<140/90 mm Hg)*
- *Kidney Health Evaluation for Patients With Diabetes—Ages 18 to 64 Years, Ages 65 to 74 Years, Ages 75 to 85 Years, and Total*
- *Asthma Medication Ratio—Total*
- *Controlling High Blood Pressure*
- *Medical Assistance With Smoking and Tobacco Use Cessation—Advising Smokers and Tobacco Users to Quit, Discussing Cessation Medications, and Discussing Cessations Strategies*
- *Antidepressant Medication Management—Effective Acute Phase Treatment and Effective Continuation Phase Treatment*
- *Diabetes Screening for People With Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications*
- *Diabetes Monitoring for People With Diabetes and Schizophrenia*
- *Cardiovascular Monitoring for People With Cardiovascular Disease and Schizophrenia*
- *Adherence to Antipsychotic Medications for Individuals With Schizophrenia*

Please see the “How to Get the Most From This Report” section for guidance on interpreting the figures presented within this section. For reference, additional analyses for each measure indicator are displayed in Appendices A, B, and C.

Summary of Findings

Table 8-1 presents the Michigan MWA performance for the measure indicators under the Living With Illness domain. The table lists the HEDIS MY 2020 MWA rates and performance levels, a comparison of the HEDIS MY 2019 MWA to the HEDIS MY 2020 MWA for each measure indicator with trend analysis results, and a summary of the MHPs with rates demonstrating significant changes from HEDIS MY 2019 MWA to HEDIS MY 2020 MWA.

Table 8-1—HEDIS MY 2020 MWA Performance Levels and Trend Results for Living With Illness

| Measure | HEDIS MY 2020 MWA and Performance Level | HEDIS MY 2019 MWA—HEDIS MY 2020 MWA Comparison | Number of MHPs With Statistically Significant Improvement in HEDIS MY 2020 | Number of MHPs With Statistically Significant Decline in HEDIS MY 2020 |
|---|---|--|--|--|
| Comprehensive Diabetes Care | | | | |
| Hemoglobin A1C (HbA1c) Testing ⁴ | 83.13% | -6.07 ⁺⁺ | 0 | 6 |
| HbA1c Poor Control (>9.0%)* ⁴ | 43.03% | +5.82 ⁺⁺ | 0 | 4 |
| HbA1c Control (<8.0%)* ⁴ | 47.46% | -5.26 ⁺⁺ | 0 | 5 |
| Eye Exam (Retinal) Performed ⁴ | 53.65% | -8.95 ⁺⁺ | 0 | 6 |
| Blood Pressure Control (<140/90 mm Hg) ⁵ | 58.38% | NC | NC | NC |
| Kidney Health Evaluation for Patients With Diabetes⁶ | | | | |
| Ages 18 to 64 Years | 30.63% | NC | NC | NC |
| Ages 65 to 74 Years | 32.03% | NC | NC | NC |
| Ages 75 to 85 Years | 29.97% | NC | NC | NC |
| Total | 30.68% | NC | NC | NC |
| Asthma Medication Ratio | | | | |
| Total | 56.83% | -3.03 ⁺⁺ | 0 | 5 |
| Controlling High Blood Pressure⁵ | | | | |
| Controlling High Blood Pressure | 54.48% | NC | NC | NC |
| Medical Assistance With Smoking and Tobacco Use Cessation³ | | | | |
| Advising Smokers and Tobacco Users to Quit | 76.98% | -3.66 ⁺⁺ | 0 | 0 |
| Discussing Cessation Medications | 56.97% | -2.21 ⁺⁺ | 0 | 1 |
| Discussing Cessation Strategies | 50.01% | -1.55 ⁺⁺ | 0 | 0 |
| Antidepressant Medication Management | | | | |
| Effective Acute Phase Treatment | 59.28% | +4.31 ⁺ | 3 | 2 |
| Effective Continuation Phase Treatment | 42.98% | +4.21 ⁺ | 1 | 2 |
| Diabetes Screening for People With Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications | | | | |
| Diabetes Screening for People With Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications | 78.01% | -6.37 ⁺⁺ | 0 | 6 |
| Diabetes Monitoring for People With Diabetes and Schizophrenia | | | | |
| Diabetes Monitoring for People With Diabetes and Schizophrenia | 61.98% | -6.33 ⁺⁺ | 0 | 3 |

| Measure | HEDIS MY 2020 MWA and Performance Level | HEDIS MY 2019 MWA– HEDIS MY 2020 MWA Comparison | Number of MHPs With Statistically Significant Improvement in HEDIS MY 2020 | Number of MHPs With Statistically Significant Decline in HEDIS MY 2020 |
|---|---|---|--|--|
| Cardiovascular Monitoring for People With Cardiovascular Disease and Schizophrenia | | | | |
| Cardiovascular Monitoring for People With Cardiovascular Disease and Schizophrenia | 64.95% | -8.21 | 0 | 1 |
| Adherence to Antipsychotic Medications for Individuals With Schizophrenia | | | | |
| Adherence to Antipsychotic Medications for Individuals With Schizophrenia | 68.17% | +8.91 ⁺ | 2 | 0 |

¹ HEDIS MY 2020 performance levels were based on comparisons of the HEDIS MY 2019 MWA rates to national Medicaid Quality Compass HEDIS MY 2019 MWA benchmarks. HEDIS MY 2020 performance levels represent the following percentile comparisons:

| | | | | |
|-------------------|---|---|---|-------------------|
| ≤25 th | ≥25 th and ≤49 th | ≥50 th and ≤74 th | ≥75 th and ≤89 th | ≥90 th |
|-------------------|---|---|---|-------------------|

² HEDIS MY 2019 MWA to HEDIS MY 2020 MWA comparisons were based on a Chi-square test of statistical significance with a p-value <0.01 due to large denominators.

³ To align with calculations from prior years, the weighted average for this measure used the eligible population for the survey rather than the number of people who responded as being smokers.

⁴ Due to changes in the technical specifications for this measure, NCQA recommends trending between MY 2020 and prior years be considered with caution.

⁵ Due to changes in the technical specifications for this measure, NCQA recommends a break in trending between MY 2020 and prior years; therefore, prior years' rates will not be displayed and comparisons to benchmarks will not be performed for this measure.

⁶ This measure is a first-year measure; therefore, prior years' rates cannot be displayed and comparisons to benchmarks cannot be performed for this measure as benchmarks are not yet available.

NC indicates that a comparison to 2019 performance is not appropriate.

* For this indicator, a lower rate indicates better performance.

Green Shading⁺ Indicates that the HEDIS MY 2020 MWA demonstrated a significant improvement from the HEDIS MY 2019 MWA.

Red Shading⁺⁺ Indicates that the HEDIS MY 2020 MWA demonstrated a significant decline from the HEDIS MY 2019 MWA.

Table 8-1 shows that for the Living With Illness domain, *Antidepressant Medication Management—Effective Acute Phase Treatment* and *Adherence to Antipsychotic Medications for Individuals With Schizophrenia* were an area of strength. Both measure indicators went from below the 75th percentile in MY 2019 to above the 75th percentile in MY 2020 and demonstrated significant increases, with *Antidepressant Medication Management—Effective Acute Phase Treatment* increasing by more than four percentage points and *Adherence to Antipsychotic Medications for Individuals With Schizophrenia* increasing by nearly nine percentage points. Total Health was the only MHP to rank above the HPL and the 50th percentile for all *Medical Assistance With Smoking and Tobacco Use Cessation* measure indicators. Priority was the only MHP to rank above the 50th percentile for all *Comprehensive Diabetes Care* measure indicators. Total Health and Meridian ranked above the HPL for *Antidepressant Medication Management—Effective Acute Phase Treatment*, with Total Health also ranking above the HPL for the *Effective Continuation Phase Treatment* measure indicator.

For *Medical Assistance With Smoking and Tobacco Use Cessation*, the MWA for all measure indicators demonstrated a significant decline of over one percentage point, with *Advising Smokers and Tobacco Users to Quit* demonstrating the most decline at over three percentage points and ranking below the 50th percentile. McLaren, Molina, Aetna, Blue Cross, HAP, Total Health and the MWA fell below the LPL for *Asthma Medication Ratio—Total*, with the MWA demonstrating a significant decline of over three percentage points from HEDIS MY 2019.

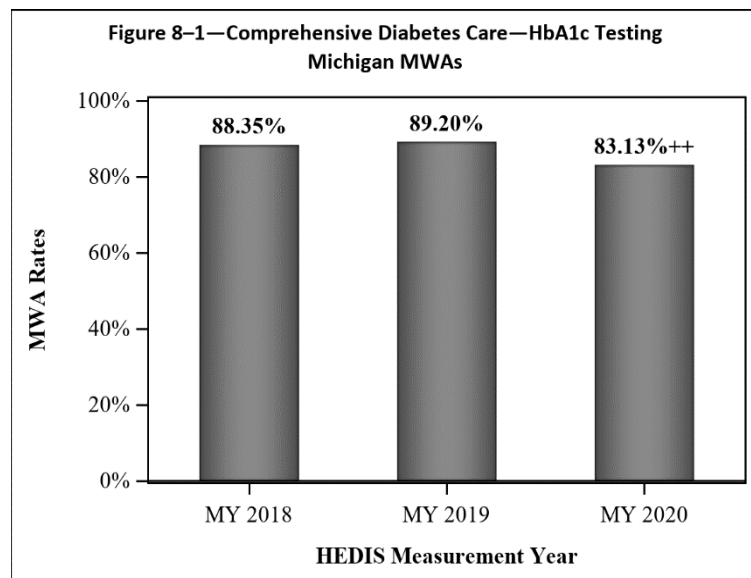
The MWA demonstrated the most significant declines for *Diabetes Screening for People With Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications*, *Diabetes Monitoring for People With Diabetes and Schizophrenia*, and all comparable *Comprehensive Diabetes Care* measure indicators. The measures all demonstrated significant declines in the MWA of more than five percentage points from MY 2019 to MY 2020. MDHHS should implement a quality improvement strategy with MHPs and providers that would focus on effective treatment programs for people with diabetes, which should include people with schizophrenia and bipolar disorder. Lack of appropriate care for diabetes and cardiovascular disease for people with schizophrenia or bipolar disorder who use antipsychotic medications can lead to worsening health and death. Addressing these physical health needs is an important way to improve health, quality of life and economic outcomes downstream.⁸⁻¹ If the decline in receipt of these services is determined to be related to the COVID-19 public health emergency, MDHHS is encouraged to work with other state Medicaid agencies facing similar barriers, to identify safe methods for adults to have access to these important services.

⁸⁻¹ National Committee for Quality Assurance. Diabetes and Cardiovascular Disease Screening and Monitoring for People With Schizophrenia or Bipolar Disorder. Available at: <https://www.ncqa.org/hedis/measures/diabetes-and-cardiovascular-disease-screening-and-monitoring-for-people-with-schizophrenia-or-bipolar-disorder/> Accessed on: September 17, 2021.

Measure-Specific Findings

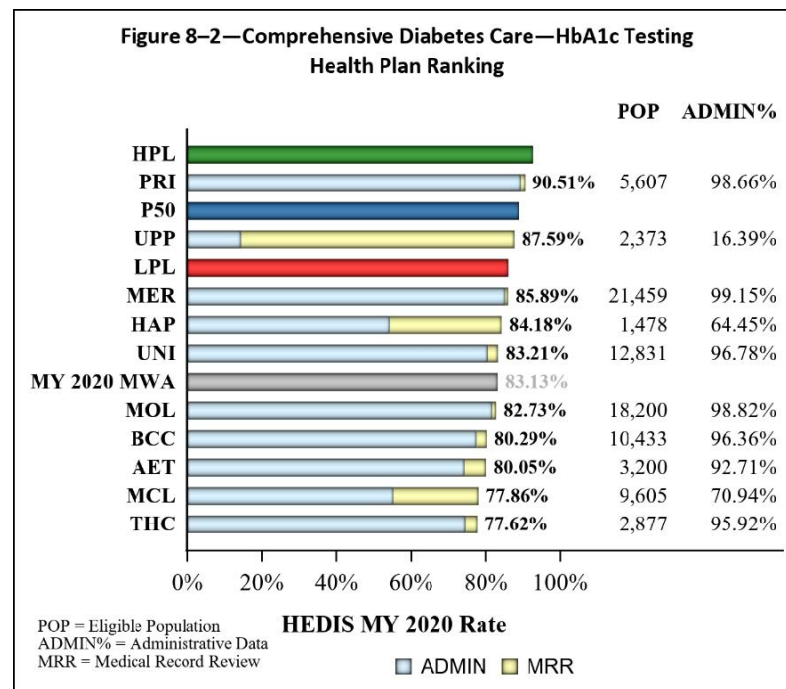
Comprehensive Diabetes Care—HbA1c Testing

Comprehensive Diabetes Care—HbA1c Testing assesses the percentage of members 18 to 75 years of age with diabetes (type 1 and type 2) who had HbA1c testing. Due to changes in the technical specifications for this measure, exercise caution when trending rates between MY 2020 and prior years.



Rates with two crosses (++) indicate a significant decline in performance from the previous year.

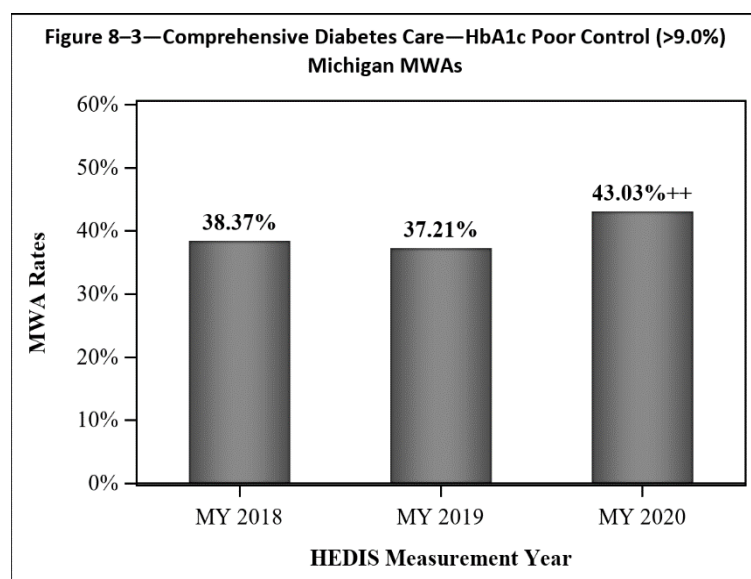
The HEDIS MY 2020 MWA rate significantly declined from HEDIS MY 2019.



One MHP ranked above the 50th percentile, but fell below the HPL. Eight MHPs and the MWA fell below the LPL. MHP performance varied by over 12 percentage points.

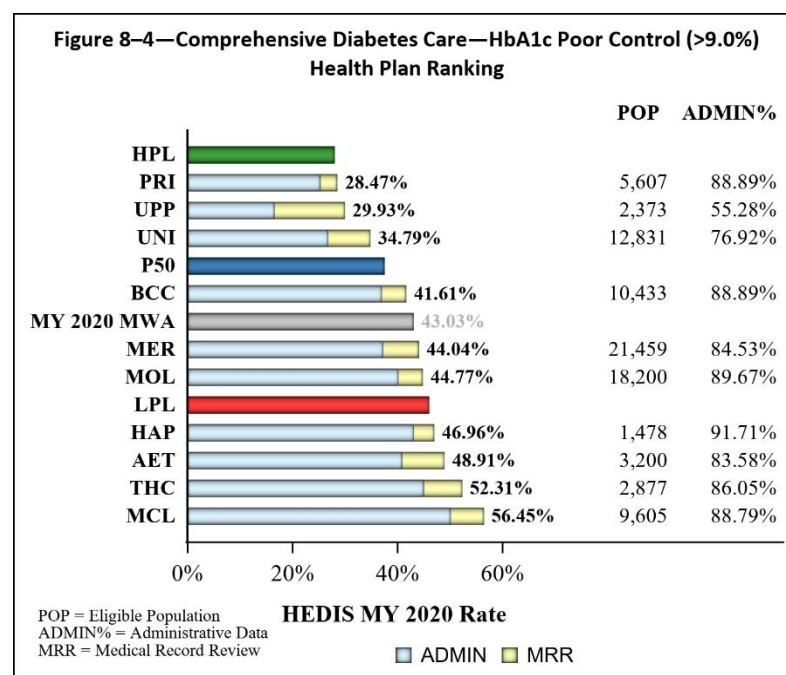
Comprehensive Diabetes Care—HbA1c Poor Control (>9.0%)

Comprehensive Diabetes Care—HbA1c Poor Control (>9.0%) assesses the percentage of members 18 to 75 years of age with diabetes (type 1 and type 2) whose most recently documented HbA1c level was greater than 9.0 percent. For this measure, a lower rate indicates better performance. Due to changes in the technical specifications for this measure, exercise caution when trending rates between MY 2020 and prior years.



Rates with two crosses (++) indicate a significant decline in performance from the previous year.

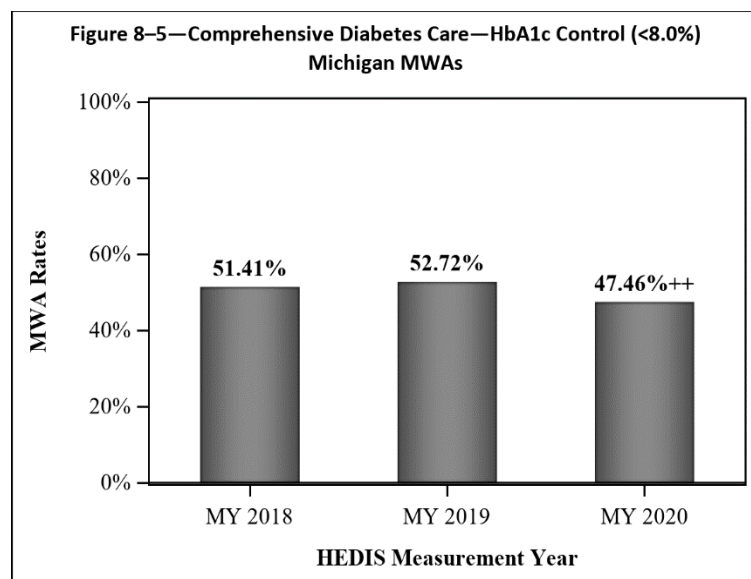
The HEDIS MY 2020 MWA rate significantly declined from HEDIS MY 2019.



Three MHPs ranked above the 50th percentile, but fell below the HPL. Four MHPs fell below the LPL. MHP performance varied by approximately 28 percentage points.

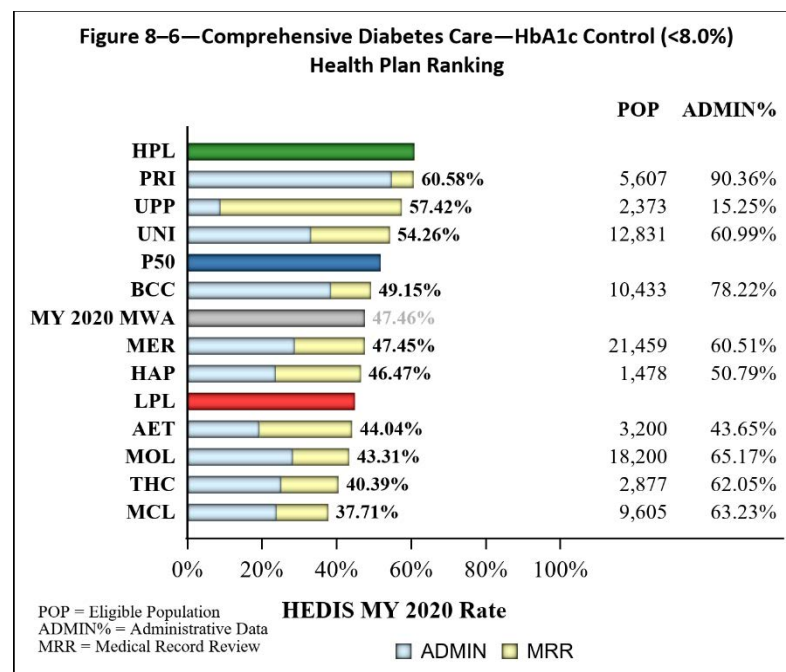
Comprehensive Diabetes Care—HbA1c Control (<8.0%)

Comprehensive Diabetes Care—HbA1c Control (<8.0%) assesses the percentage of members 18 to 75 years of age with diabetes (type 1 and type 2) whose most recently documented HbA1c level was less than 8.0 percent. Due to changes in the technical specifications for this measure, exercise caution when trending rates between MY 2020 and prior years.



Rates with two crosses (++) indicate a significant decline in performance from the previous year.

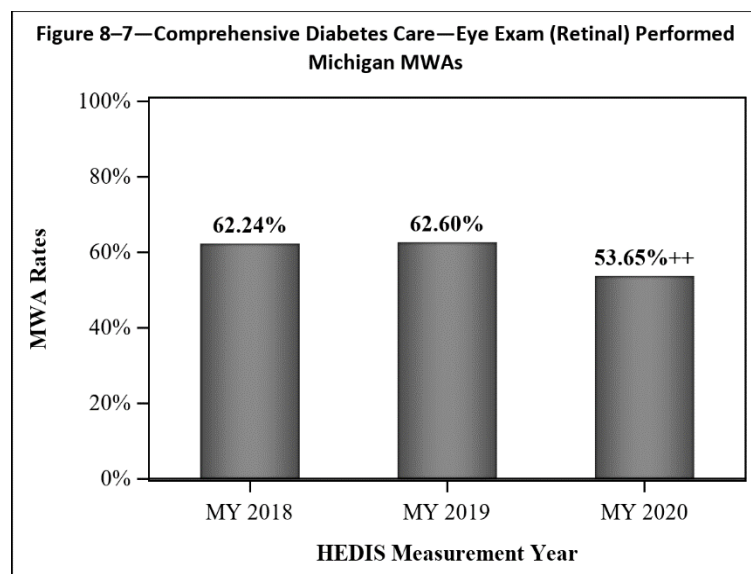
The HEDIS MY 2020 MWA rate significantly declined from HEDIS MY 2019.



Three MHPs ranked above the 50th percentile, but fell below the HPL. Four MHPs fell below the LPL. MHP performance varied by over 22 percentage points.

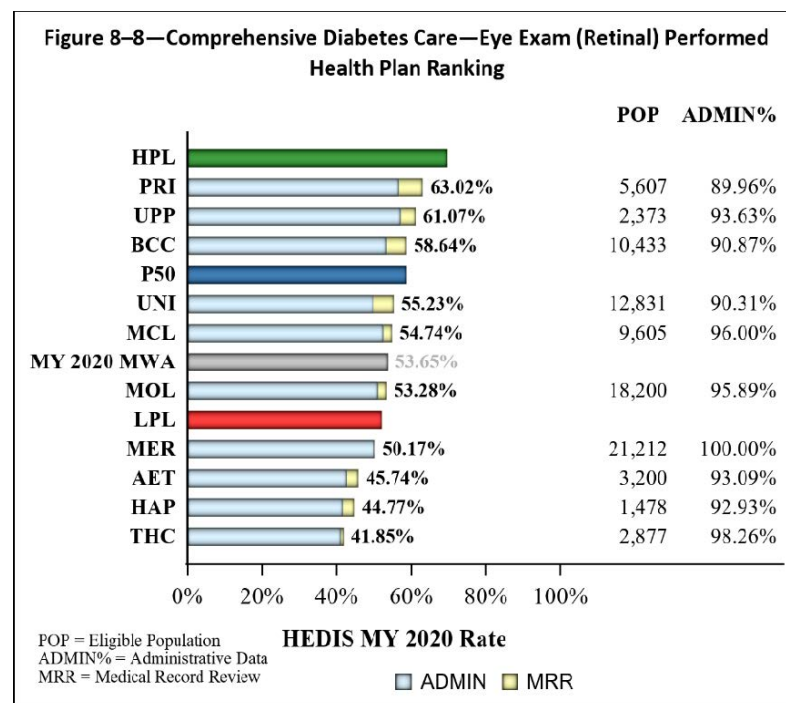
Comprehensive Diabetes Care—Eye Exam (Retinal) Performed

Comprehensive Diabetes Care—Eye Exam (Retinal) Performed assesses the percentage of members 18 to 75 years of age with diabetes (type 1 and type 2) who had screening or monitoring for diabetic retinal disease. Due to changes in the technical specifications for this measure, exercise caution when trending rates between MY 2020 and prior years.



Rates with two crosses (++) indicate a significant decline in performance from the previous year.

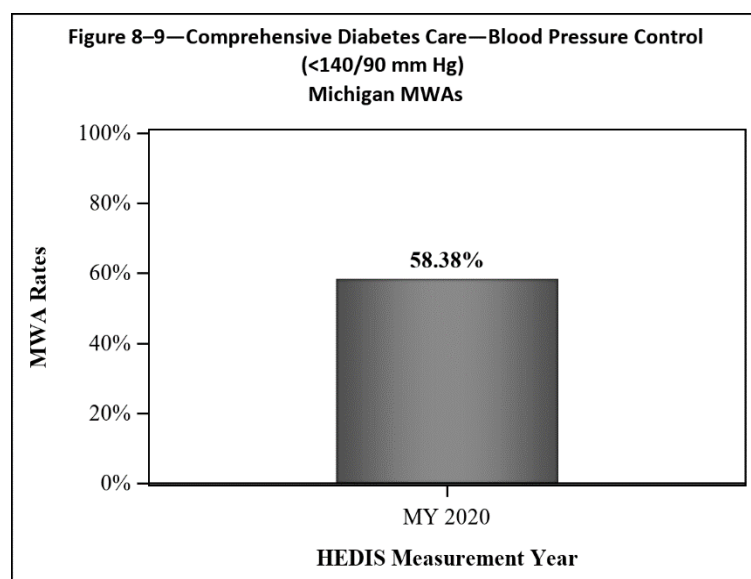
The HEDIS MY 2020 MWA rate significantly declined from HEDIS MY 2019.



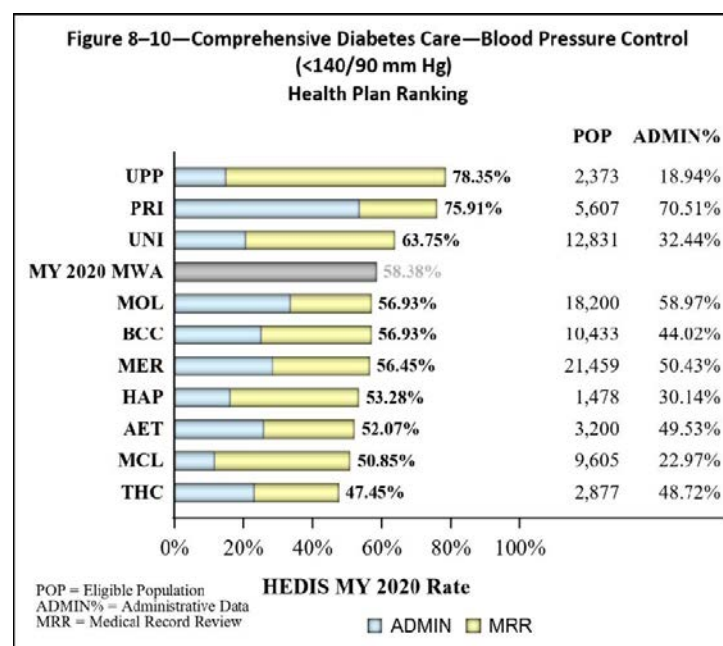
Three MHPs ranked above the 50th percentile, but fell below the HPL. Four MHPs fell below the LPL. MHP performance varied by approximately 21 percentage points.

Comprehensive Diabetes Care—Blood Pressure Control (<140/90 mm Hg)

Comprehensive Diabetes Care—Blood Pressure Control (<140/90 mm Hg) assesses the percentage of members 18 to 75 years of age with diabetes (type 1 and type 2) whose most recent blood pressure reading was less than 140/90 mm Hg. Due to changes in the technical specifications for this measure, NCQA recommends a break in trending between MY 2020 and prior years; therefore, prior years' rates will not be displayed and comparisons to benchmarks will not be performed for this measure.



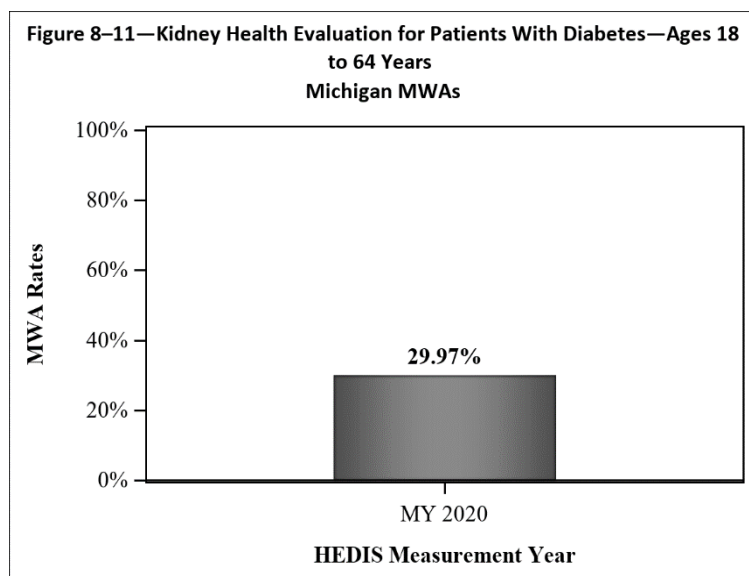
Due to changes in the technical specifications in HEDIS MY 2020 for the *Comprehensive Diabetes Care—Blood Pressure Control (<140/90 mm Hg)* measure, a comparison to prior years' results is not appropriate. The rate in the chart above is presented for informational purposes only.



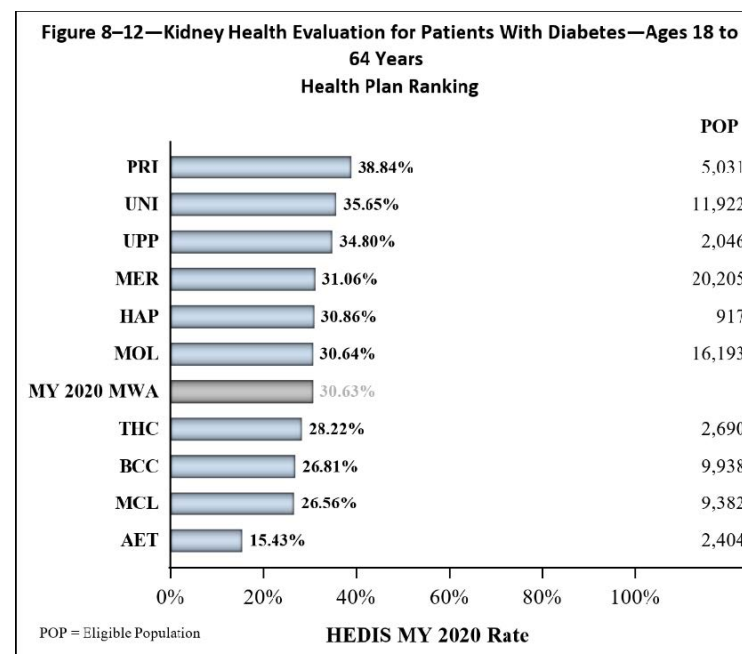
Due to changes in the technical specifications in HEDIS MY 2020 for the *Comprehensive Diabetes Care—Blood Pressure Control (<140/90 mm Hg)* measure, a comparison to prior years' results is not appropriate. The rates in the chart above are presented for informational purposes only. MHP performance varied by approximately 31 percentage points.

Kidney Health Evaluation for People With Diabetes—Ages 18 to 64 Years

Kidney Health Evaluation for Patients With Diabetes assesses the percentage of members 18 to 64 years of age with diabetes (type 1 and type 2) who received a kidney health evaluation, defined by an estimated glomerular filtration rate (eGFR) and a urine albumin-creatinine ratio (uACR), during the MY.



The *Kidney Health Evaluation for Patients With Diabetes—Ages 18 to 64 Years* measure is a first-year measure for HEDIS MY 2020, and therefore was not included in the prior years' results. Therefore, a comparison to prior years' results is not appropriate. The rate in the chart above is presented for informational purposes only.

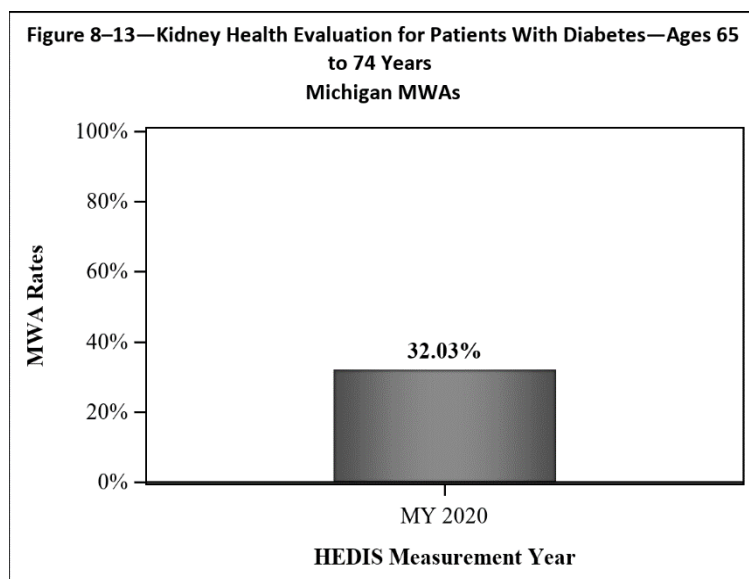


NA indicates that the MHP followed the specifications, but the denominator was too small (<30) to report a valid rate.

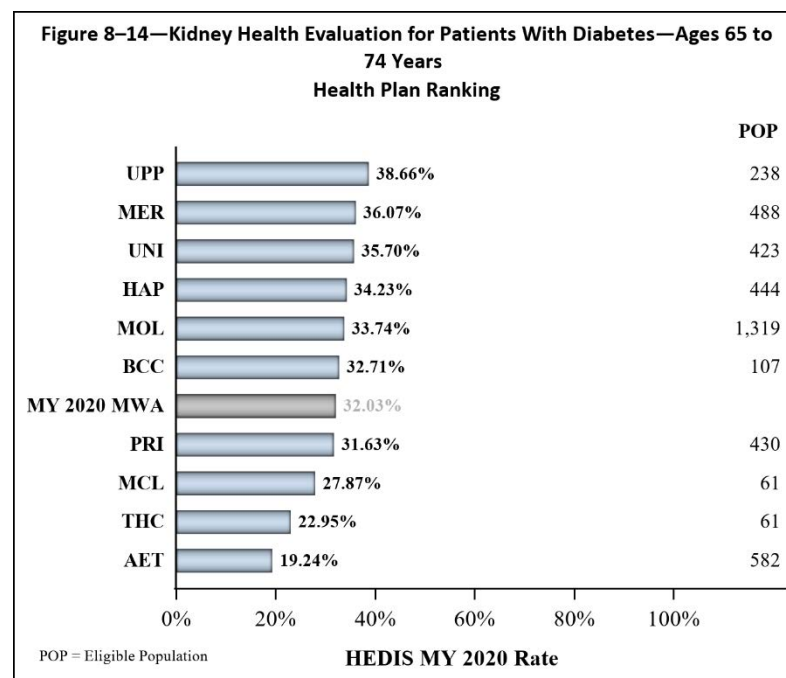
For HEDIS MY 2020, *Kidney Health Evaluation for Patients With Diabetes—Ages 18 to 64 Years* was a first-year measure. Comparison to prior years' results is not appropriate. The rates in the chart above are presented for informational purposes only. MHP performance varied by approximately 23 percentage points.

Kidney Health Evaluation for People With Diabetes—Ages 65 to 74 Years

Kidney Health Evaluation for Patients With Diabetes assesses the percentage of members 65 to 74 years of age with diabetes (type 1 and type 2) who received a kidney health evaluation, defined by an eGFR and an uACR, during the MY.



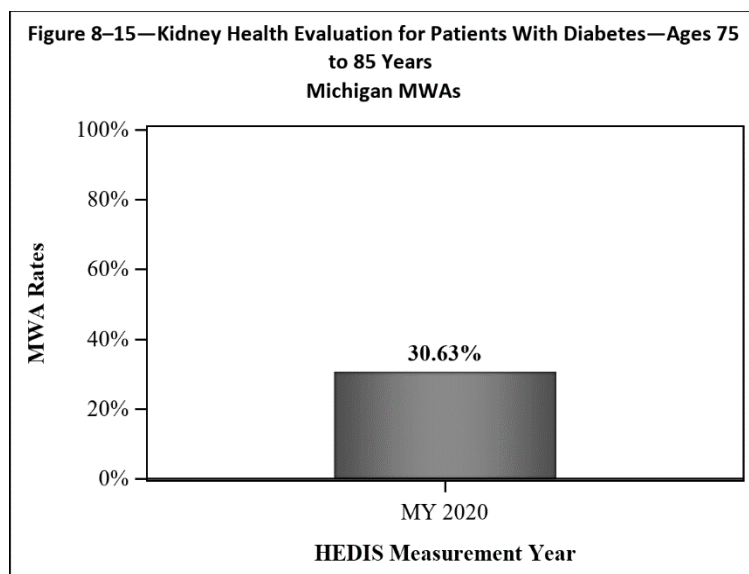
The *Kidney Health Evaluation for Patients With Diabetes—Ages 65 to 74 Years* measure is a first-year measure for HEDIS MY 2020, and therefore was not included in the prior years' results. Therefore, a comparison to prior years' results is not appropriate. The rate in the chart above is presented for informational purposes only.



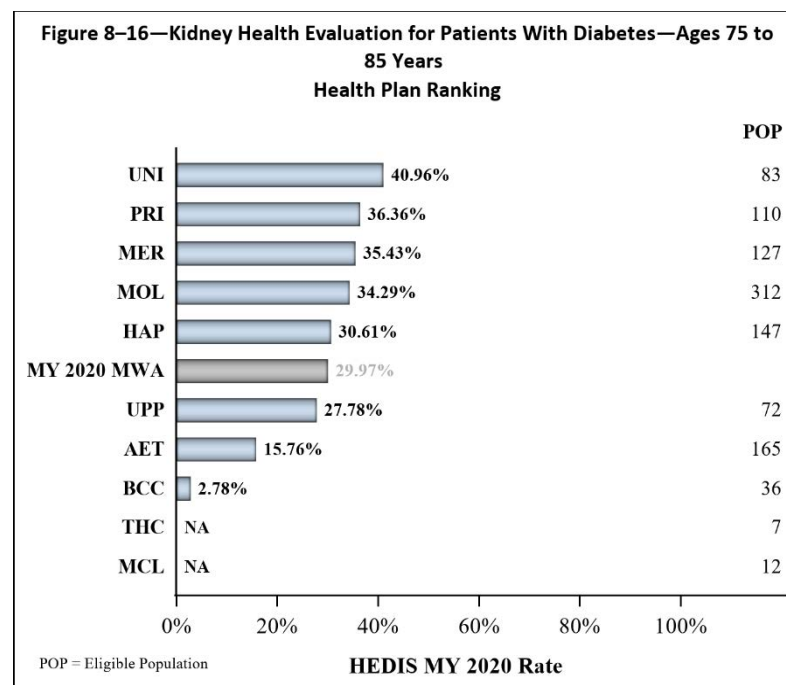
For HEDIS MY 2020, *Kidney Health Evaluation for Patients With Diabetes—Ages 65 to 74 Years* was a first-year measure. Comparison to prior years' results is not appropriate. The rates in the chart above are presented for informational purposes only. MHP performance varied by over 19 percentage points.

Kidney Health Evaluation for People With Diabetes—Ages 75 to 85 Years

Kidney Health Evaluation for Patients With Diabetes assesses the percentage of members 75 to 85 years of age with diabetes (type 1 and type 2) who received a kidney health evaluation, defined by an estimated glomerular filtration rate (eGFR) and a urine albumin-creatinine ratio (uACR), during the MY.



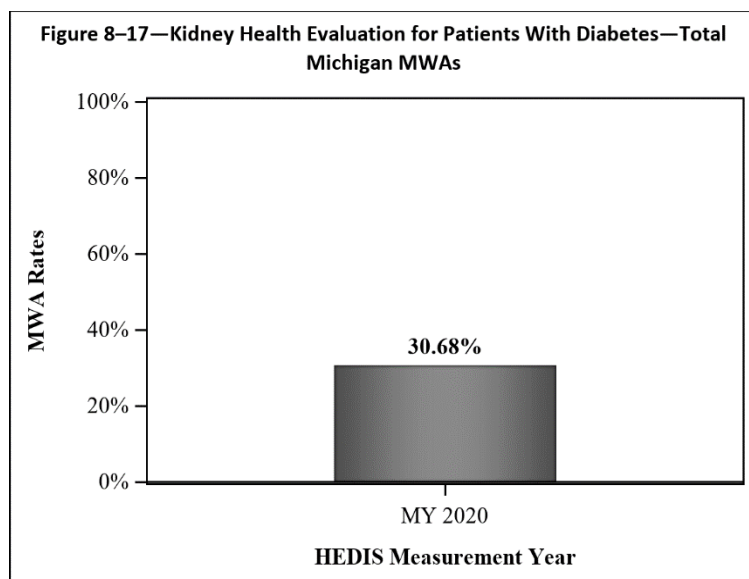
The *Kidney Health Evaluation for Patients With Diabetes—Ages 75 to 85 Years* measure is a first-year measure for HEDIS MY 2020, and therefore was not included in the prior years' results. Therefore, a comparison to prior years' results is not appropriate. The rate in the chart above is presented for informational purposes only.



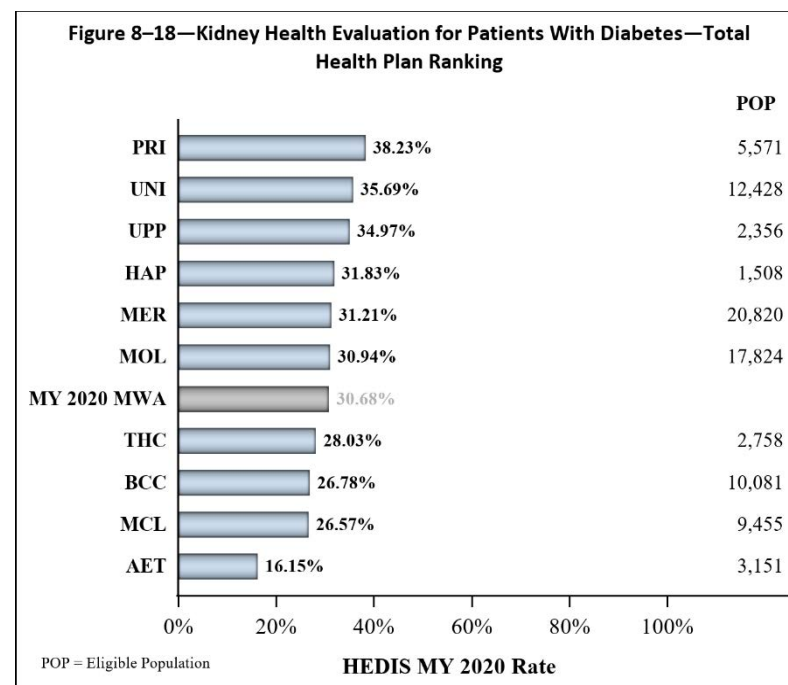
For HEDIS MY 2020, *Kidney Health Evaluation for Patients With Diabetes—Ages 75 to 85 Years* was a first-year measure. Comparison to prior years' results is not appropriate. The rates in the chart above are presented for informational purposes only. MHP performance varied by over 38 percentage points.

Kidney Health Evaluation for People With Diabetes—Total

Kidney Health Evaluation for Patients With Diabetes—Total assesses the percentage of members 18 to 85 years of age with diabetes (type 1 and type 2) who received a kidney health evaluation, defined by an estimated glomerular filtration rate (eGFR) and a urine albumin-creatinine ratio (uACR), during the MY.



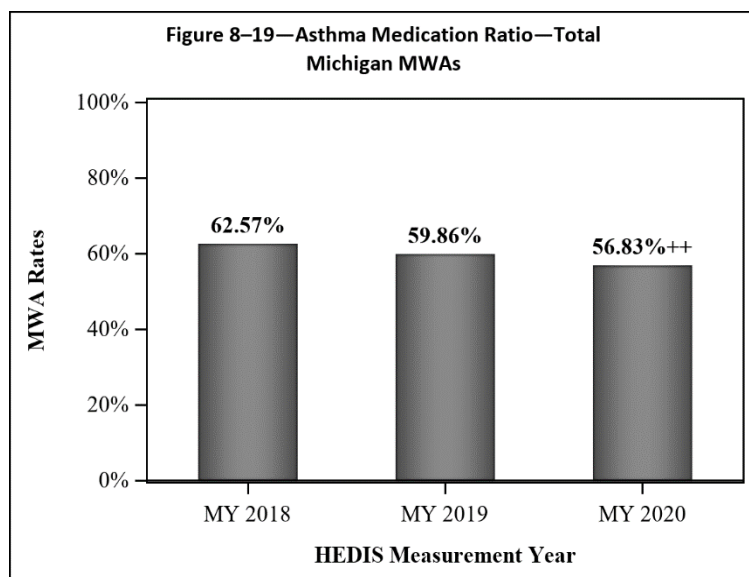
The *Kidney Health Evaluation for Patients With Diabetes—Total* measure is a first-year measure for HEDIS MY 2020, and therefore was not included in the prior years' results. Therefore, a comparison to prior years' results is not appropriate. The rate in the chart above is presented for informational purposes only.



For HEDIS MY 2020, *Kidney Health Evaluation for Patients With Diabetes—Total* was a first-year measure. Comparison to prior years' results is not appropriate. The rates in the chart above are presented for informational purposes only. MHP performance varied by approximately 22 percentage points.

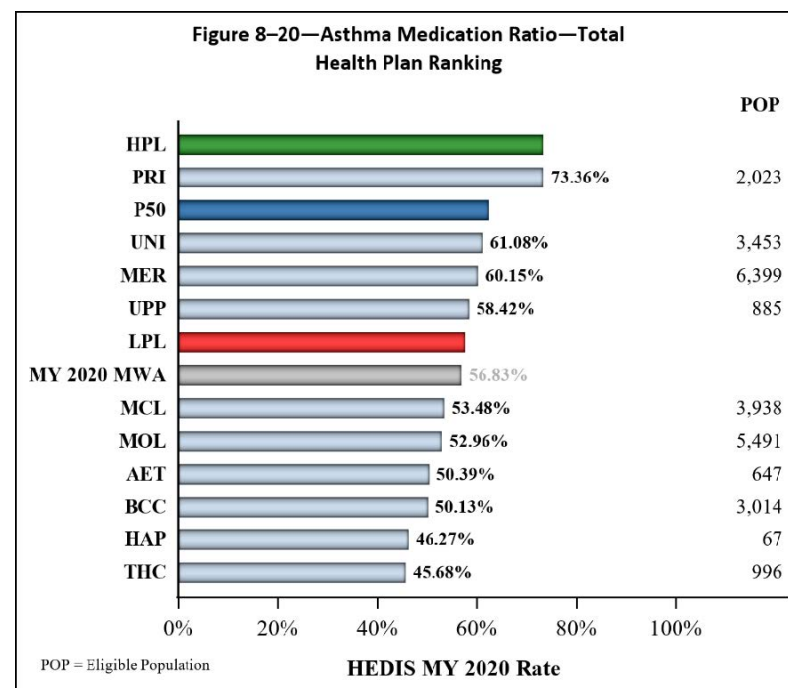
Asthma Medication Ratio—Total

Asthma Medication Ratio—Total assesses the percentage of members 5 to 64 years of age who were identified as having persistent asthma and had a ratio of controller medications to total asthma medications of 0.50 or greater during the MY.



Rates with two crosses (++) indicate a significant decline in performance from the previous year.

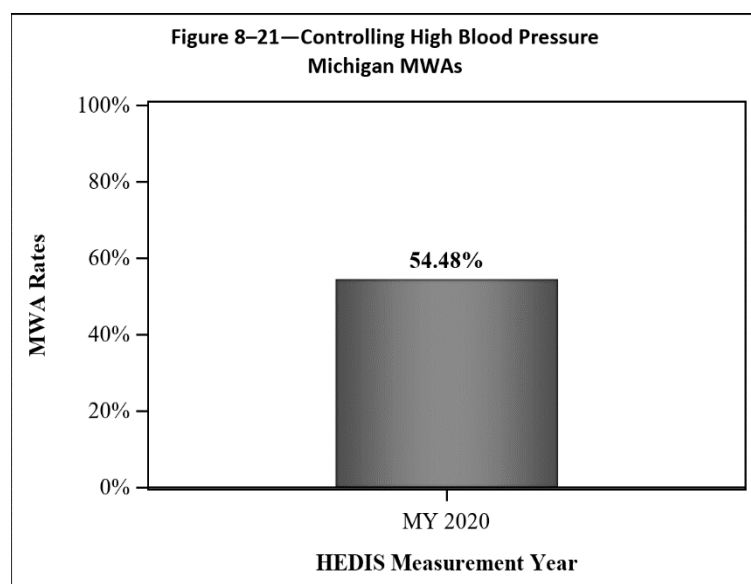
The HEDIS MY 2020 MWA rate significantly declined from HEDIS MY 2019.



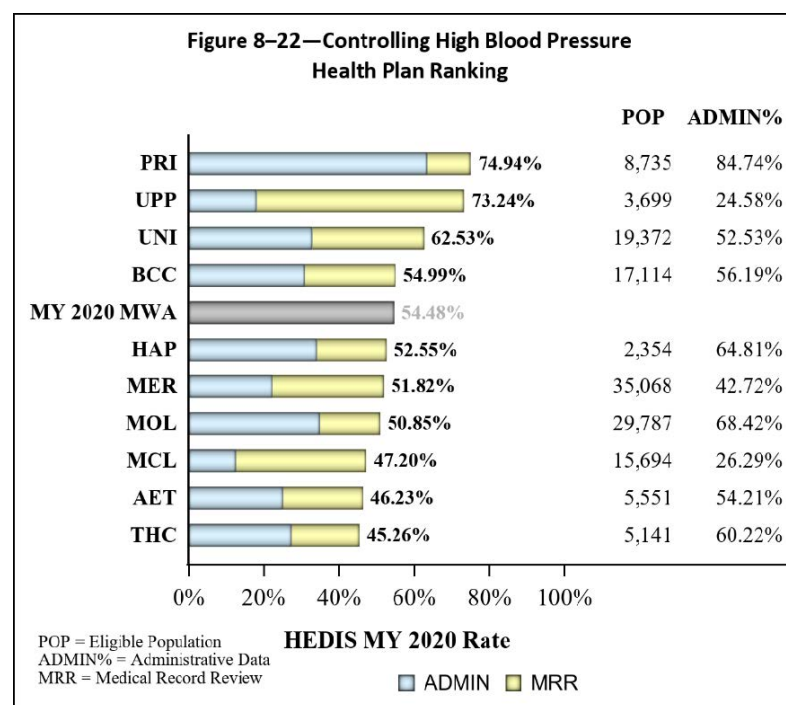
One MHP ranked above the 50th percentile, but fell below the HPL. Six MHPs and the MWA fell below the LPL. MHP performance varied by over 27 percentage points.

Controlling High Blood Pressure

Controlling High Blood Pressure assesses the percentage of members 18 to 85 years of age who had a diagnosis of hypertension and whose blood pressure was adequately controlled during the MY. Due to changes in the technical specifications for this measure, NCQA recommends a break in trending between MY 2020 and prior years; therefore, prior years' rates will not be displayed and comparisons to benchmarks will not be performed for this measure.



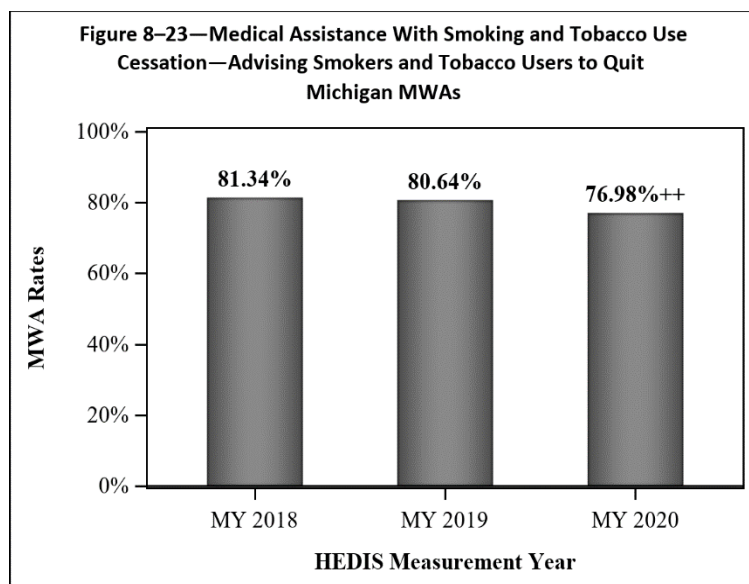
Due to changes in the technical specifications in HEDIS MY 2020 for the *Controlling High Blood Pressure* measure, a comparison to prior years' results is not appropriate. The rate in the chart above is presented for informational purposes only.



Due to changes in the technical specifications in HEDIS MY 2020 for the *Controlling High Blood Pressure* measure, a comparison to prior years' results is not appropriate. The rates in the chart above are presented for informational purposes only. MHP performance varied by over 29 percentage points.

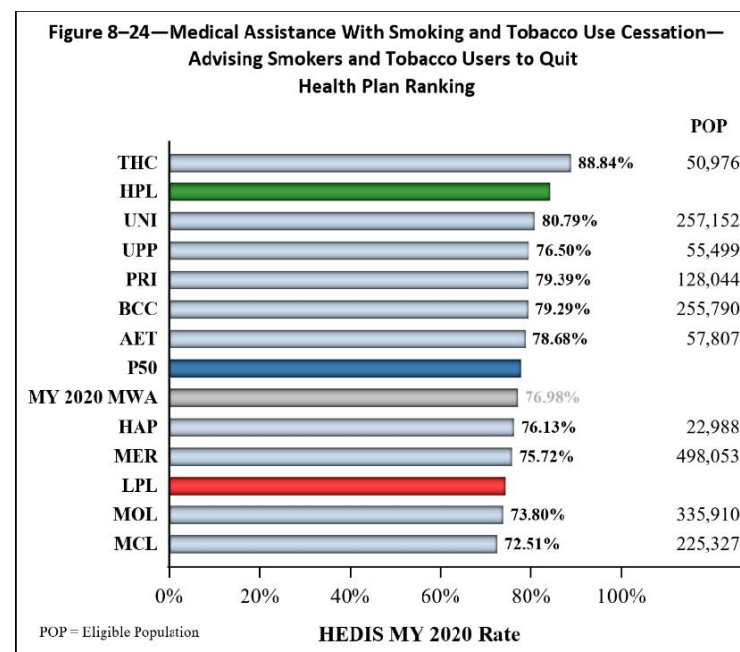
Medical Assistance With Smoking and Tobacco Use Cessation—Advising Smokers and Tobacco Users to Quit

Medical Assistance With Smoking and Tobacco Use Cessation—Advising Smokers and Tobacco Users to Quit assesses the percentage of members 18 years of age and older who are current smokers or tobacco users and received cessation advice during the MY.



Rates with two crosses (++) indicate a significant decline in performance from the previous year.

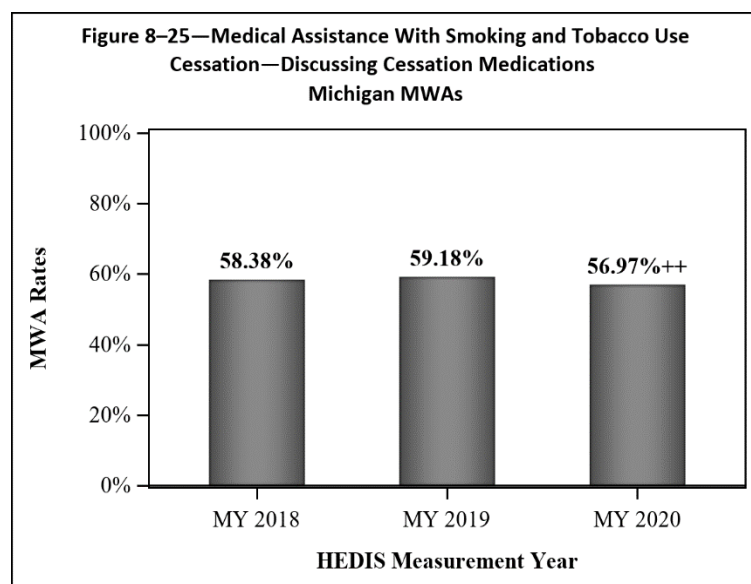
The HEDIS MY 2020 MWA rate significantly declined from HEDIS MY 2019.



Six MHPs ranked above the 50th percentile, with one MHP ranking above the HPL. Two MHPs fell below the LPL. MHP performance varied by approximately 16 percentage points.

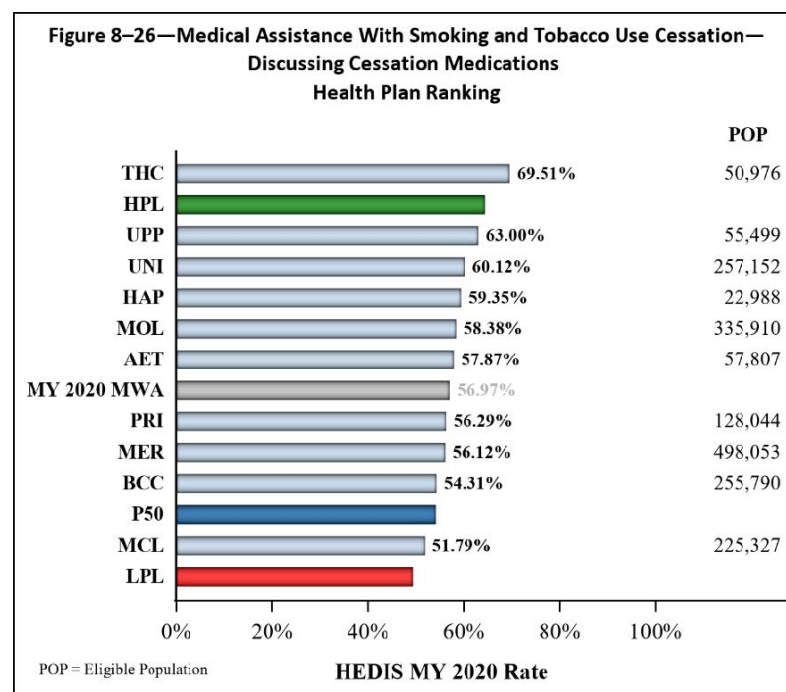
Medical Assistance With Smoking and Tobacco Use Cessation—Discussing Cessation Medications

Medical Assistance With Smoking and Tobacco Use Cessation—Discussing Cessation Medications assesses the percentage of members 18 years of age and older who are current smokers or tobacco users and discussed or were recommended cessation medications during the MY.



Rates with two crosses (++) indicate a significant decline in performance from the previous year.

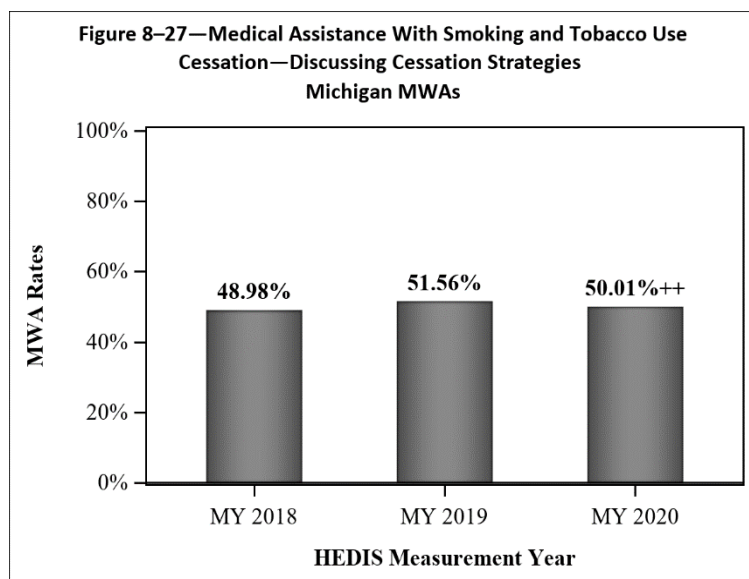
The HEDIS MY 2020 MWA rate significantly declined from HEDIS MY 2019.



Nine MHPs ranked above the 50th percentile, with one MHP ranking above the HPL. One MHPs ranked below the 50th percentile, but was above the LPL. MHP performance varied by over 17 percentage points.

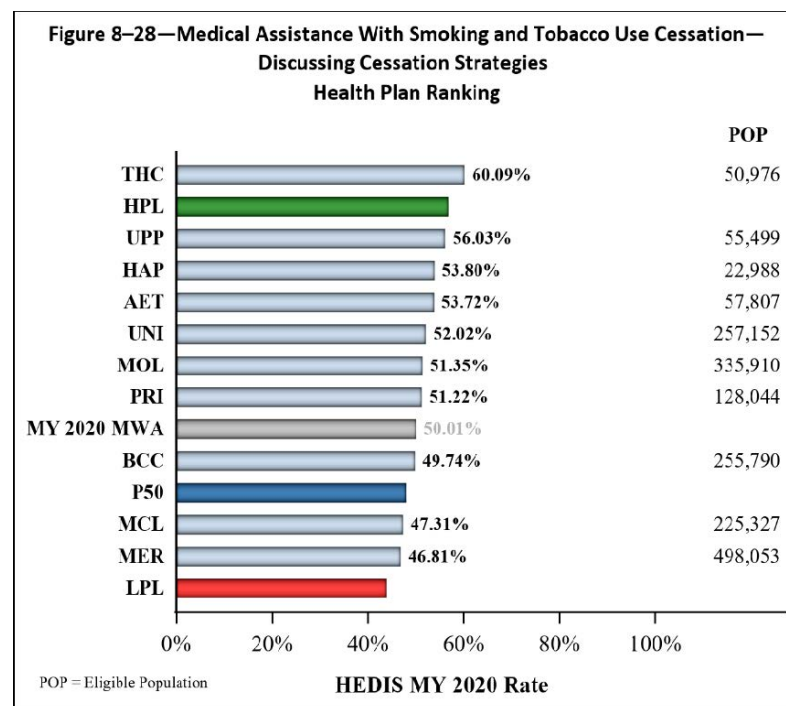
Medical Assistance With Smoking and Tobacco Use Cessation—Discussing Cessation Strategies

Medical Assistance With Smoking and Tobacco Use Cessation—Discussing Cessation Strategies assesses the percentage of members 18 years of age or older who are current smokers or tobacco users and discussed or were provided cessation methods or strategies during the MY.



Rates with two crosses (++) indicate a significant decline in performance from the previous year.

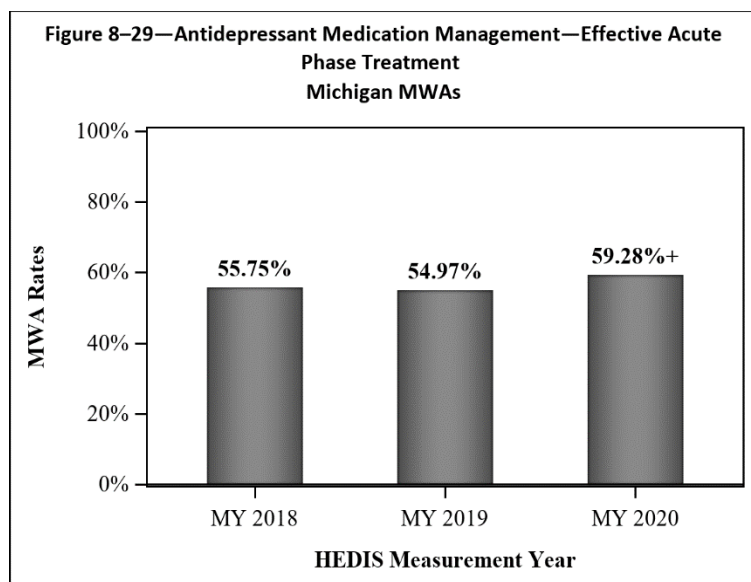
The HEDIS MY 2020 MWA rate significantly declined from HEDIS MY 2019.



Eight MHPs and the MWA ranked above the 50th percentile, with one MHP ranking above the HPL. Two MHPs ranked below the 50th percentile, but was above the LPL. MHP performance varied by over 13 percentage points.

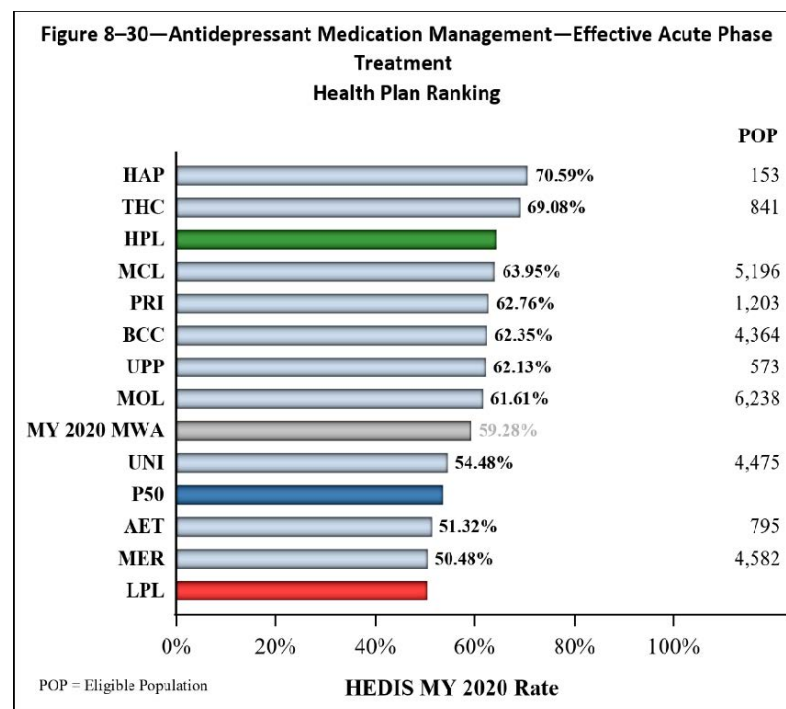
Antidepressant Medication Management—Effective Acute Phase Treatment

Antidepressant Medication Management—Effective Acute Phase Treatment assesses the percentage of members 18 years of age and older who were treated with antidepressant medication, had a diagnosis of major depression, and remained on an antidepressant medication treatment for at least 84 days (12 weeks).



Rates with one cross (+) indicate a significant improvement in performance from the previous year.

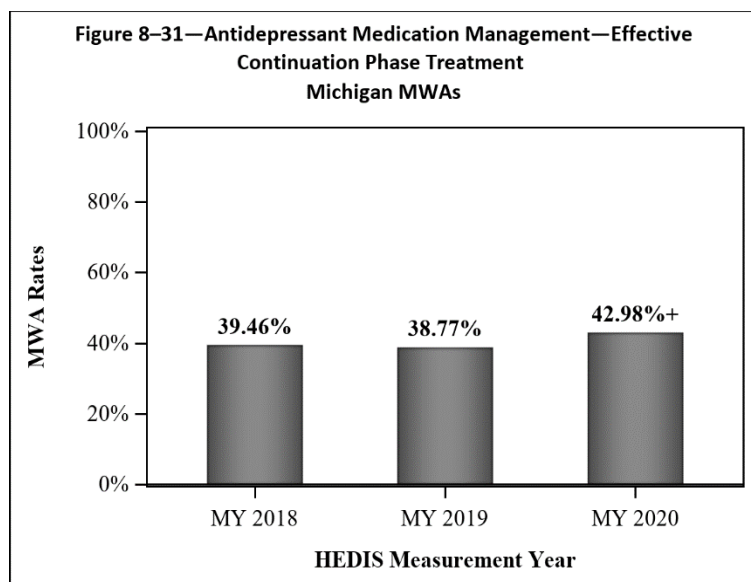
The HEDIS MY 2020 MWA rate significantly improved from HEDIS MY 2019.



Eight MHPs and the MWA ranked above the 50th percentile, with two MHPs ranking above the HPL. Two MHPs ranked below the 50th percentile, but were above the LPL. MHP performance varied by approximately 20 percentage points.

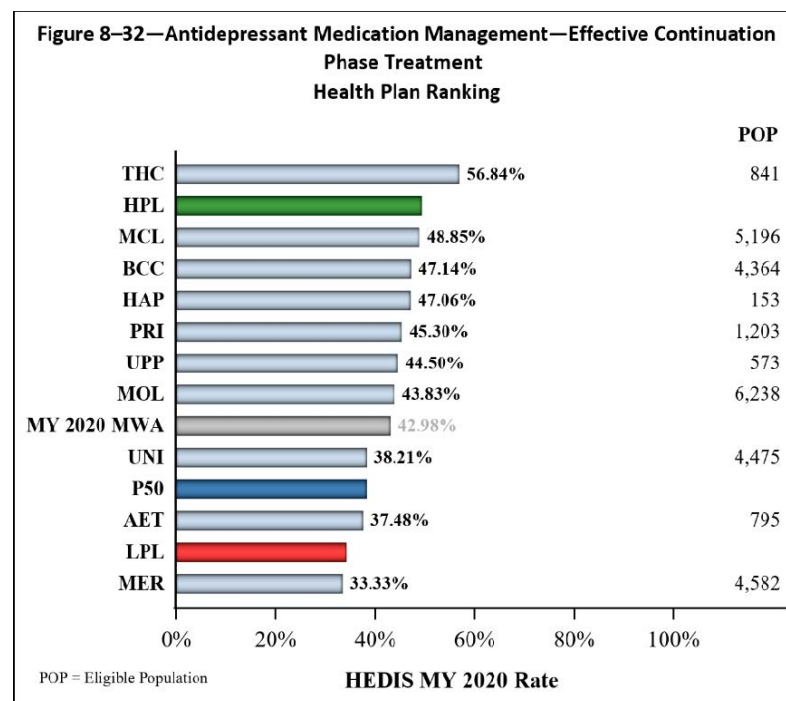
Antidepressant Medication Management—Effective Continuation Phase Treatment

Antidepressant Medication Management—Effective Continuation Phase Treatment assesses the percentage of members 18 years of age and older who were treated with antidepressant medication, had a diagnosis of major depression, and remained on an antidepressant medication treatment for at least 180 days (6 months).



Rates with one cross (+) indicate a significant improvement in performance from the previous year.

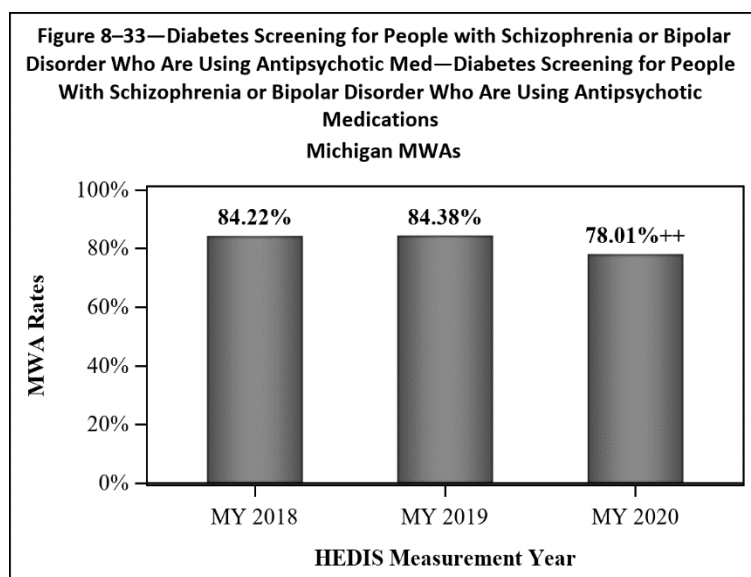
The HEDIS MY 2020 MWA rate significantly improved from HEDIS MY 2019



Eight MHPs and the MWA ranked above the 50th percentile, with one MHPs ranking above the HPL. Two MHPs ranked below the 50th percentile, with one falling below the LPL. MHP performance varied by over 23 percentage points.

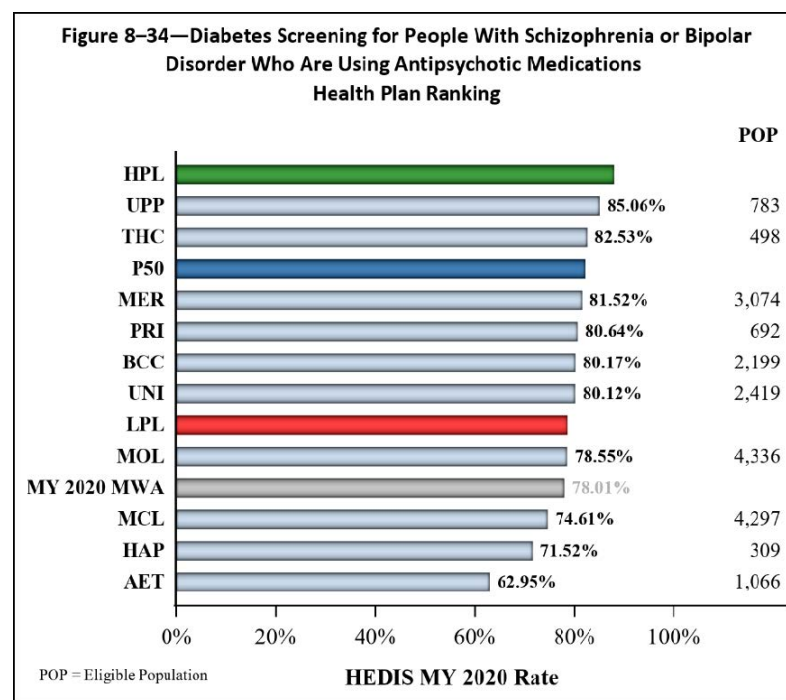
Diabetes Screening for People With Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications

Diabetes Screening for People With Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications assesses the percentage of members 18 to 64 years of age with schizophrenia, schizoaffective disorder, or bipolar disorder, who were dispensed an antipsychotic medication and had a diabetes screening test during the MY.



Rates with two crosses (++) indicate a significant decline in performance from the previous year.

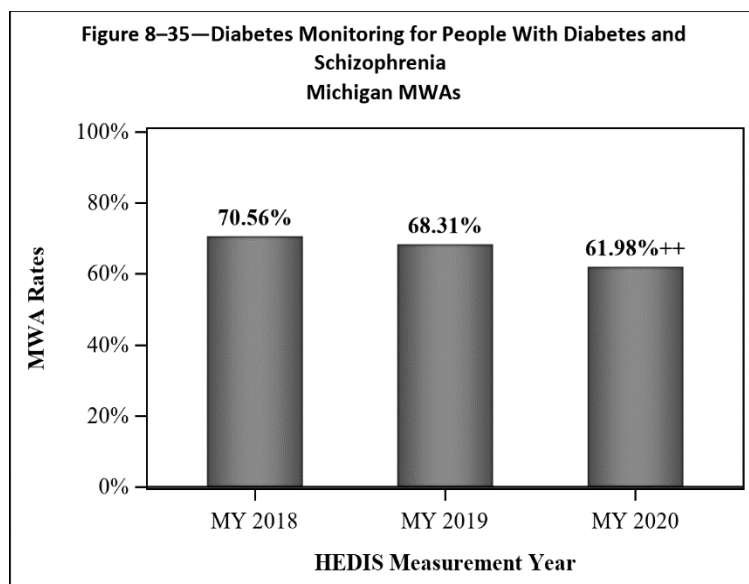
The HEDIS MY 2020 MWA rate significantly declined from HEDIS MY 2019.



Two MHPs ranked above the 50th percentile, but fell below the HPL. Four MHPs and the MWA fell below the LPL. MHP performance varied by approximately 22 percentage points.

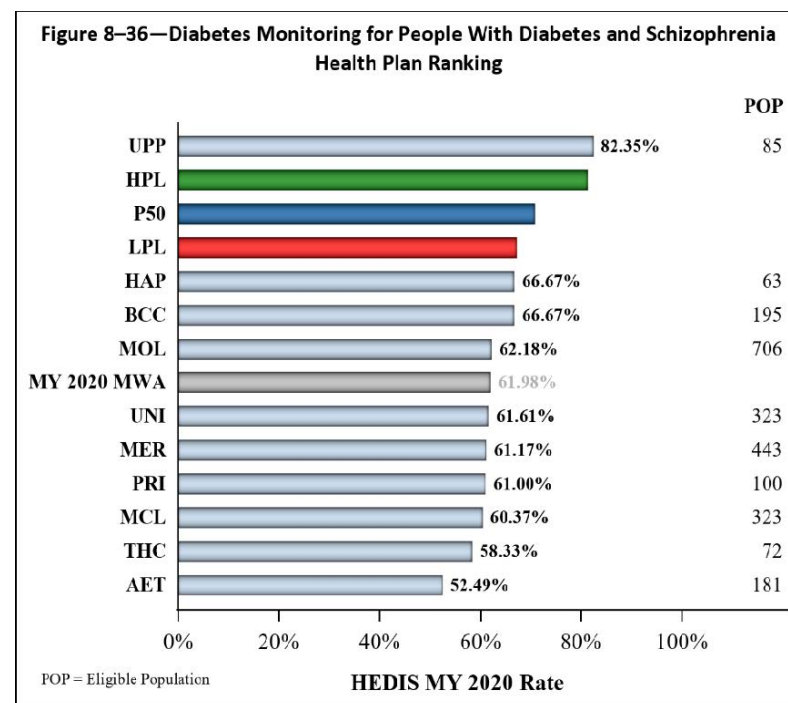
Diabetes Monitoring for People With Diabetes and Schizophrenia

Diabetes Monitoring for People With Diabetes and Schizophrenia assesses the percentage of members 18 to 64 years of age with schizophrenia or schizoaffective disorder and diabetes, who had both a low-density lipoprotein cholesterol (LDL-C) test and an HbA1c test during the MY.



Rates with two crosses (++) indicate a significant decline in performance from the previous year.

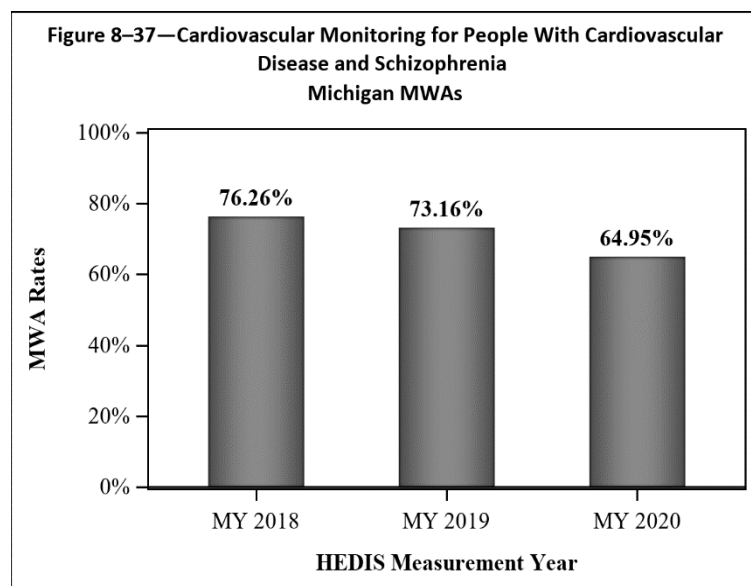
The HEDIS MY 2020 MWA rate significantly declined from HEDIS MY 2019.



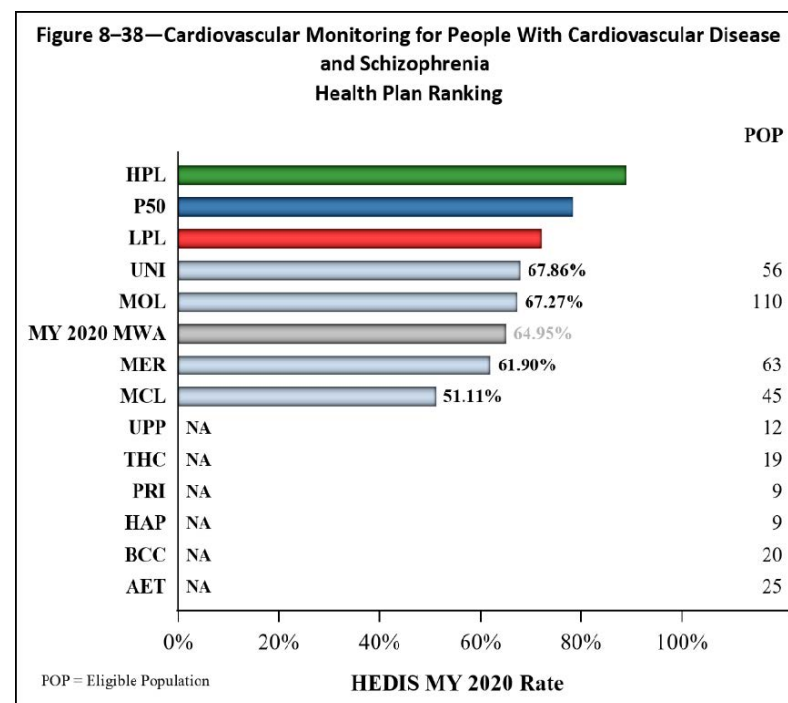
One MHPs ranked above the 50th percentile and the HPL. The remainder of MHPs fell below the LPL, along with the MWA. MHP performance varied by over 29 percentage points.

Cardiovascular Monitoring for People With Cardiovascular Disease and Schizophrenia

Cardiovascular Monitoring for People With Cardiovascular Disease and Schizophrenia assesses the percentage of members 18 to 64 years of age with schizophrenia or schizoaffective disorder and cardiovascular disease who had an LDL-C test during the MY.



The HEDIS MY 2020 MWA rate did not demonstrate a significant change from HEDIS MY 2019.

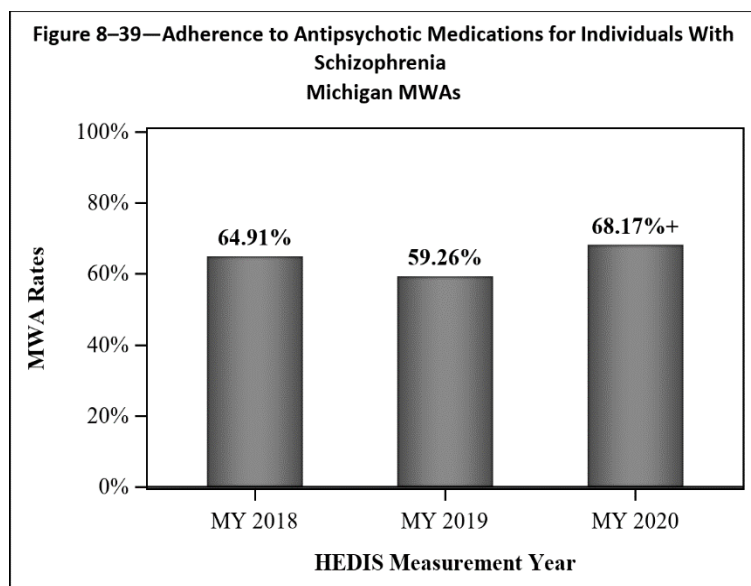


NA indicates that the MHP followed the specifications, but the denominator was too small (<30) to report a valid rate.

All MHPs and the MWA fell below the 50th percentile, HPL and the LPL. MHP performance varied by over 16 percentage points.

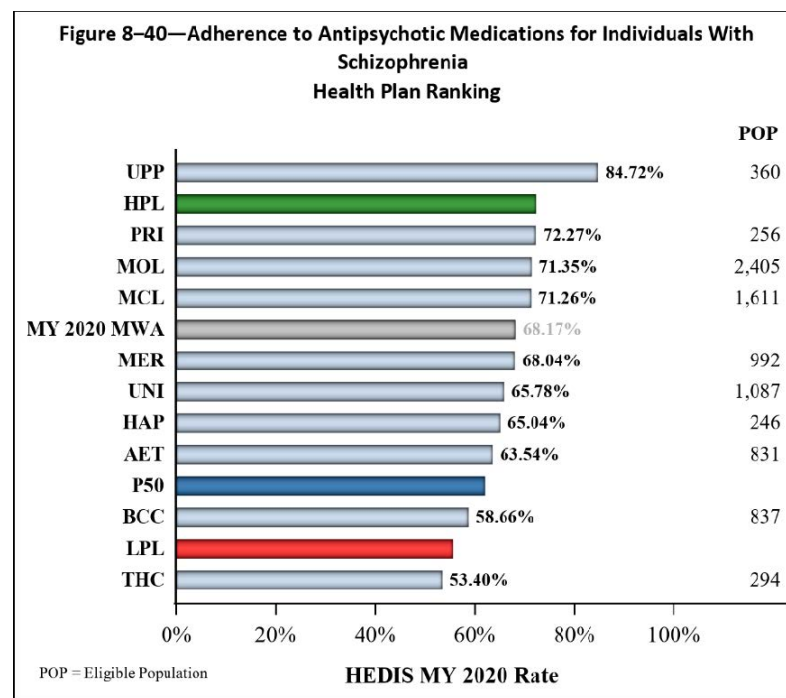
Adherence to Antipsychotic Medications for Individuals With Schizophrenia

Adherence to Antipsychotic Medications for Individuals With Schizophrenia assesses the percentage of members 19 to 64 years of age with schizophrenia or schizoaffective disorder who were dispensed and remained on an antipsychotic medication for at least 80 percent of their treatment period.



Rates with one cross (+) indicate a significant improvement in performance from the previous year.

The HEDIS MY 2020 MWA rate significantly improved from HEDIS MY 2019.



Eight MHPs and the MWA ranked above the 50th percentile, with one MHP ranking above the HPL. One MHP fell below the LPL. MHP performance varied by over 31 percentage points.

9. Health Plan Diversity

Introduction

The Health Plan Diversity domain encompasses the following HEDIS measures:

- *Race/Ethnicity Diversity of Membership*
- *Language Diversity of Membership—Spoken Language Preferred for Health Care, Preferred Language for Written Materials, and Other Language Needs*

Summary of Findings

Although measures under this domain are not performance measures and are not compared to percentiles, changes observed in the results may provide insight into how select member characteristics affect the MHPs' provision of services and care. The *Race/Ethnicity Diversity of Membership* measure shows that the HEDIS MY 2020 MWA rates for different racial/ethnic groups were fairly stable across years, with less than three percentage points difference between MY 2019 and MY 2020 for all racial/ethnic groups.

For the *Language Diversity of Membership* measure, MY 2020 rates remained similar to prior years, with Michigan members reporting English as the preferred spoken language for healthcare and preferred language for written materials, with nearly two percentage points difference between MY 2019 and MY 2020.

Race/Ethnicity Diversity of Membership

Measure Definition

Race/Ethnicity Diversity of Membership is an unduplicated count and percentage of members enrolled at any time during the MY, by race and ethnicity.

Results

Table 9-1a and b show that the statewide rates for reported racial/ethnic groups remained similar to prior years.

Table 9-1a—MHP and MWA Results for Race/Ethnicity Diversity of Membership

| MHP | Eligible Population | White | Black or African American | American Indian or Alaska Native | Asian | Native Hawaiian and Other Pacific Islander |
|--------------------------|---------------------|---------------|---------------------------|----------------------------------|--------------|--|
| AET | 64,191 | 32.58% | 53.80% | 0.19% | 1.16% | 0.08% |
| BCC | 308,376 | 46.98% | 34.60% | 1.01% | 1.77% | 3.26% |
| HAP | 30,185 | 39.22% | 46.62% | 0.15% | 1.74% | 0.04% |
| MCL | 260,190 | 64.38% | 20.63% | 0.55% | 0.80% | 0.09% |
| MER | 560,437 | 59.95% | 22.36% | 0.48% | 2.43% | 0.08% |
| MOL | 419,718 | 45.74% | 34.04% | 0.27% | 0.30% | <0.01% |
| PRI | 173,634 | 59.62% | 15.20% | 0.55% | 0.97% | 0.08% |
| THC | 70,651 | 29.57% | 50.92% | 0.22% | 0.00% | 0.08% |
| UNI | 319,061 | 50.57% | 29.76% | 0.30% | 3.38% | 0.08% |
| UPP | 60,478 | 87.12% | 1.66% | 2.67% | 0.44% | 0.13% |
| HEDIS MY 2020 MWA | | 53.44% | 28.03% | 0.54% | 1.61% | 0.50% |
| HEDIS MY 2019 MWA | | 53.27% | 27.45% | 0.49% | 1.87% | 0.44% |
| HEDIS MY 2018 MWA | | 52.40% | 26.89% | 0.45% | 0.88% | 0.39% |

Table 9-1b—MHP and MWA Results for Race/Ethnicity Diversity of Membership (Continued)

| MHP | Eligible Population | Some Other Race | Two or More Races | Unknown | Declined | Hispanic or Latino* |
|--------------------------|---------------------|-----------------|-------------------|---------------|--------------|---------------------|
| AET | 64,191 | 0.00% | 0.00% | 6.03% | 6.16% | 3.62% |
| BCC | 308,376 | <0.01% | 0.04% | 12.35% | <0.01% | 3.11% |
| HAP | 30,185 | 3.98% | 0.00% | 8.24% | <0.01% | 3.72% |
| MCL | 260,190 | 6.06% | 0.00% | 7.48% | 0.00% | 6.06% |
| MER | 560,437 | 0.00% | 0.00% | 14.70% | 0.00% | 0.00% |
| MOL | 419,718 | 0.00% | 0.00% | 19.64% | 0.00% | 6.92% |
| PRI | 173,634 | 0.00% | 0.00% | 23.58% | 0.00% | 11.27% |
| THC | 70,651 | 0.00% | 0.00% | 6.28% | 12.94% | 3.41% |
| UNI | 319,061 | 0.00% | 0.00% | 15.90% | 0.00% | 6.34% |
| UPP | 60,478 | 2.08% | 0.00% | 0.00% | 5.90% | 2.08% |
| HEDIS MY 2020 MWA | | 0.80% | 0.00% | 14.33% | 0.74% | 4.47% |
| HEDIS MY 2019 MWA | | 0.69% | 0.00% | 12.90% | 2.89% | 6.02% |
| HEDIS MY 2018 MWA | | 0.85% | 0.00% | 12.15% | 5.99% | 5.53% |

* Starting from HEDIS 2011, the rates associated with members of Hispanic origin were not based on the total number of members in the health plan. Therefore, the rates presented here were calculated by HSAG using the total number of members reported from the Hispanic or Latino column divided by the total number of members in the health plan reported in the MHP IDSS files.

Language Diversity of Membership

Measure Definition

Language Diversity of Membership is an unduplicated count and percentage of members enrolled at any time during the MY by spoken language preferred for healthcare, the preferred language for written materials, and the preferred language for other language needs.

Results

Table 9-2 shows that the percentage of Michigan members using English as the preferred spoken language for healthcare decreased slightly (nearly two percentage points) when compared to MY 2019 but remains the preferred spoken language for healthcare at the statewide level.

**Table 9-2—MHP and MWA Results for Language Diversity of Membership—
Spoken Language Preferred for Healthcare**

| MHP | Eligible Population | Declined | English | Non-English | Unknown |
|--------------------------|---------------------|--------------|---------------|--------------|---------------|
| AET | 64,191 | 0.00% | 0.00% | 0.00% | 100.00% |
| BCC | 308,376 | 0.00% | 98.39% | 1.61% | 0.01% |
| HAP | 30,185 | 0.00% | 90.36% | 0.74% | 8.91% |
| MCL | 260,190 | 0.00% | 52.87% | 0.40% | 46.73% |
| MER | 560,437 | 0.00% | 98.48% | 0.67% | 0.84% |
| MOL | 419,718 | 0.00% | 98.51% | 1.47% | 0.02% |
| PRI | 173,634 | 0.00% | 0.00% | 0.00% | 100.00% |
| THC | 70,651 | 0.00% | 57.53% | 0.11% | 42.36% |
| UNI | 319,061 | 0.00% | 96.13% | 3.86% | 0.01% |
| UPP | 60,478 | 0.00% | 99.90% | 0.07% | 0.03% |
| HEDIS MY 2020 MWA | | 0.00% | 81.23% | 1.26% | 17.51% |
| HEDIS MY 2019 MWA | | 0.00% | 83.19% | 1.48% | 15.33% |
| HEDIS MY 2018 MWA | | 0.00% | 86.29% | 1.58% | 12.12% |

Table 9-3 shows that for each MHP, over 57 percent of Michigan members who reported a language reported English as the language preferred for written materials. At the statewide level, English remained the preferred language for written materials for most (over 75 percent) Michigan members from MY 2018 to MY 2020.

**Table 9-3—MHP and MWA Results for Language Diversity of Membership—
Preferred Language for Written Materials**

| MHP | Eligible Population | English | Non-English | Unknown | Declined |
|--------------------------|---------------------|---------------|--------------|---------------|--------------|
| AET | 64,191 | 0.00% | 0.00% | 100.00% | 0.00% |
| BCC | 308,376 | 98.38% | 1.62% | 0.01% | 0.00% |
| HAP | 30,185 | 90.36% | 0.74% | 8.91% | 0.00% |
| MCL | 260,190 | 0.00% | 0.00% | 100.00% | 0.00% |
| MER | 560,437 | 98.48% | 0.67% | 0.84% | 0.00% |
| MOL | 419,718 | 98.51% | 1.47% | 0.02% | 0.00% |
| PRI | 173,634 | 0.00% | 0.00% | 100.00% | 0.00% |
| THC | 70,651 | 57.53% | 0.11% | 42.36% | 0.00% |
| UNI | 319,061 | 96.13% | 3.86% | 0.01% | 0.00% |
| UPP | 60,478 | 99.90% | 0.07% | 0.03% | 0.00% |
| HEDIS MY 2020 MWA | | 75.16% | 1.22% | 23.62% | 0.00% |
| HEDIS MY 2019 MWA | | 76.52% | 1.44% | 22.04% | 0.00% |
| HEDIS MY 2018 MWA | | 77.07% | 1.51% | 21.41% | 0.00% |

Table 9-4 shows that at the statewide level, over 57 percent of Michigan members reported English as their preferred language for other language needs, and the Michigan members that listed Unknown as their preferred language for other language needs remained fairly constant from the prior year. Please note that *Language Diversity of Membership—Other Language Needs* captures data collected from questions that cannot be mapped to any other category (e.g., What is the primary language spoken at home?).

Table 9-4—MHP and MWA Results for Language Diversity of Membership—Other Language Needs

| MHP | Eligible Population | English | Non-English | Unknown | Declined |
|--------------------------|---------------------|---------------|--------------|---------------|--------------|
| AET | 64,191 | 97.73% | 0.99% | 1.28% | 0.00% |
| BCC | 308,376 | 98.80% | 1.19% | 0.01% | 0.00% |
| HAP | 30,185 | 90.36% | 0.74% | 8.91% | 0.00% |
| MCL | 260,190 | 0.00% | 0.00% | 100.00% | 0.00% |
| MER | 560,437 | 98.48% | 0.67% | 0.84% | 0.00% |
| MOL | 419,718 | 98.51% | 1.47% | 0.02% | 0.00% |
| PRI | 173,634 | 0.00% | 0.00% | 100.00% | 0.00% |
| THC | 70,651 | 57.53% | 0.11% | 42.36% | 0.00% |
| UNI | 319,061 | 96.13% | 3.86% | 0.01% | 0.00% |
| UPP | 60,478 | 0.00% | 0.00% | 100.00% | 0.00% |
| HEDIS MY 2020 MWA | | 75.32% | 1.19% | 23.50% | 0.00% |
| HEDIS MY 2019 MWA | | 76.58% | 1.41% | 22.01% | 0.00% |
| HEDIS MY 2018 MWA | | 76.55% | 1.48% | 21.98% | 0.00% |

Introduction

The Utilization domain encompasses the following HEDIS measures:

- *Ambulatory Care—Total (Per 1,000 Member Months)—ED Visits—Total and Outpatient Visits—Total*
- *Inpatient Utilization—General Hospital/Acute Care—Total; Inpatient—Discharges per 1,000 Member Months—Total and Average Length of Stay—Total; Maternity—Discharges per 1,000 Member Months—Total and Average Length of Stay—Total; Surgery—Discharges per 1,000 Member Months—Total and Average Length of Stay—Total; and Medicine—Discharges per 1,000 Member Months—Total and Average Length of Stay—Total*
- *Use of Opioids From Multiple Providers—Multiple Prescribers, Multiple Pharmacies, and Multiple Prescribers and Multiple Pharmacies*
- *Use of Opioids at High Dosage*
- *Risk of Continued Opioid Use—At Least 15 Days Covered—Total and At Least 31 Days Covered—Total*
- *Plan All-Cause Readmissions—Index Admissions—Total, Observed Readmissions Rate—Total, Expected Readmissions Rate—Total, and O/E Ratio—Total*

The following tables present the HEDIS MY 2020 MHP-specific rates as well as the MWA or Michigan Medicaid Average (MA) for HEDIS MY 2020, HEDIS MY 2019, and HEDIS MY 2018, where applicable. To align with calculations from prior years, HSAG calculated traditional averages for the *Ambulatory Care—Total (Per 1,000 Member Months)* and *Inpatient Utilization—General Hospital/Acute Care—Total* measure indicators in the Utilization domain; therefore, the MA is presented for those two measures rather than the MWA, which was calculated and presented for all other measures. The *Ambulatory Care* and *Inpatient Utilization* measures are designed to describe the frequency of specific services provided by the MHPs and are not risk adjusted. Therefore, it is important to assess utilization supplemented by information on the characteristics of each MHP's population.

Summary of Findings

Reported rates for the MHPs and MA rates for the *Ambulatory Care* and *Inpatient Utilization* measures do not take into account the characteristics of the population; therefore, HSAG could not draw conclusions on performance based on these measures. Due to changes in the technical specifications for the opioid measures, NCQA recommends trending between MY 2020 and prior years be considered with caution. For the *Plan All-Cause Readmissions* measure, five MHPs had an O/E ratio less than 1.0, indicating that these MHPs had fewer observed readmissions than were expected based on patient mix. The remaining five MHPs O/E ratio is more than one indicating they had more readmissions.

Measure-Specific Findings

Ambulatory Care—Total (Per 1,000 Member Months)

The *Ambulatory Care—Total (Per 1,000 Member Months)* measure summarizes use of ambulatory care for *ED Visits—Total* and *Outpatient Visits—Total*. In this section, the results for the total age group are presented.

Results

Table 10-1 shows *ED Visits—Total* and *Outpatient Visits—Total* per 1,000 member months for ambulatory care for the total age group.

Table 10-1—Ambulatory Care—Total (Per 1,000 Member Months) for Total Age Group

| MHP | Member Months | Emergency Department Visits—Total* | Outpatient Visits—Total |
|--------------------------|---------------|------------------------------------|-------------------------|
| AET | 591,544 | 55.97 | 550.95 |
| BCC | 2,833,707 | 44.38 | 334.57 |
| HAP | 258,272 | 50.14 | 329.12 |
| MCL | 2,570,812 | 51.72 | 447.82 |
| MER | 5,775,940 | 45.54 | 397.73 |
| MOL | 4,072,877 | 47.07 | 340.07 |
| PRI | 1,670,934 | 49.54 | 294.42 |
| THC | 661,627 | 47.79 | 287.21 |
| UNI | 3,147,239 | 46.01 | 315.19 |
| UPP | 602,457 | 42.87 | 317.54 |
| HEDIS MY 2020 MWA | | 48.10 | 361.46 |
| HEDIS MY 2019 MWA | | 66.05 | 433.13 |
| HEDIS MY 2018 MWA | | 66.87 | 389.77 |

* Awareness is advised when interpreting results for this indicator as a lower rate is a higher percentile.

For the *ED Visits—Total* measure indicator, the MWA decreased by 18.77 visits per 1,000 member months from HEDIS MY 2018 to HEDIS MY 2020. The MWA for the *Outpatient Visits—Total* measure indicator decreased from HEDIS MY 2018 to HEDIS MY 2020 by 28.31 visits per 1,000 member months.

Inpatient Utilization—General Hospital/Acute Care—Total

The *Inpatient Utilization—General Hospital/Acute Care—Total* measure summarizes use of acute inpatient care and services in four categories: *Total Inpatient*, *Maternity*, *Surgery*, and *Medicine*.

Results

Table 10-2 shows the member months for all ages and the *Total Discharges per 1,000 Member Months* for the total age group. The values in the table below are presented for informational purposes only.

Table 10-2—Inpatient Utilization—General Hospital/Acute Care: Total Discharges per 1,000 Member Months for Total Age Group

| MHP | Member Months | Total Inpatient | Maternity* | Surgery | Medicine |
|--------------------------|---------------|-----------------|-------------|-------------|-------------|
| AET | 591,544 | 5.60 | 2.58 | 9.05 | 5.05 |
| BCC | 2,833,707 | 4.40 | 2.41 | 7.67 | 4.38 |
| HAP | 258,272 | 5.95 | 2.57 | 9.44 | 5.33 |
| MCL | 2,570,812 | 3.87 | 1.69 | 6.00 | 3.86 |
| MER | 5,775,940 | 4.30 | 2.67 | 7.18 | 3.91 |
| MOL | 4,072,877 | 5.13 | 2.83 | 9.18 | 4.65 |
| PRI | 1,670,934 | 4.27 | 3.01 | 6.23 | 4.21 |
| THC | 661,627 | 3.85 | 1.91 | 7.01 | 3.36 |
| UNI | 3,147,239 | 4.70 | 2.46 | 8.02 | 4.61 |
| UPP | 602,457 | 4.41 | 2.75 | 6.46 | 3.96 |
| HEDIS MY 2020 MWA | | 4.65 | 2.49 | 7.62 | 4.33 |
| HEDIS MY 2019 MWA | | 4.43 | 2.54 | 7.00 | 4.00 |
| HEDIS MY 2018 MWA | | 4.33 | 2.66 | 6.89 | 3.87 |

* The Maternity measure indicators were calculated using member months for members 10 to 64 years of age.

Table 10-3 displays the *Total Average Length of Stay* for all ages and are presented for informational purposes only.

Table 10-3—Inpatient Utilization—General Hospital/Acute Care: Total Average Length of Stay for Total Age Group

| MHP | Member Months | Total Inpatient | Maternity | Surgery | Medicine |
|--------------------------|---------------|-----------------|-------------|-------------|-------------|
| AET | 526,238 | 5.41 | 2.72 | 7.91 | 5.05 |
| BCC | 2,387,564 | 4.09 | 2.58 | 6.57 | 3.83 |
| HAP | 98,184 | 5.97 | 2.79 | 9.24 | 4.82 |
| MCL | 2,277,157 | 3.87 | 1.77 | 5.81 | 3.86 |
| MER | 5,995,170 | 4.05 | 2.53 | 6.56 | 3.70 |
| MOL | 3,939,906 | 4.80 | 2.85 | 8.16 | 4.25 |
| PRI | 1,485,849 | 3.85 | 2.94 | 5.41 | 3.61 |
| THC | 610,307 | 3.56 | 1.86 | 6.98 | 2.88 |
| UNI | 2,958,340 | 4.63 | 2.60 | 7.61 | 4.45 |
| UPP | 579,064 | 4.08 | 2.80 | 5.71 | 3.56 |
| HEDIS MY 2020 MWA | | 4.43 | 2.54 | 7.00 | 4.00 |
| HEDIS MY 2019 MWA | | 4.33 | 2.66 | 6.89 | 3.87 |
| HEDIS MY 2018 MWA | | 4.38 | 2.62 | 6.44 | 4.17 |

Use of Opioids From Multiple Providers

The *Use of Opioids From Multiple Providers* summarizes use of prescription opioids for at least 15 days received from four or more providers. Three rates are reported: *Multiple Prescribers*, *Multiple Pharmacies*, and *Multiple Prescribers and Multiple Pharmacies*. Due to changes in the technical specifications for this measure, NCQA recommends trending between MY 2020 and prior years be considered with caution.

Results

Table 10-4 shows the HEDIS MY 2020 rates for receiving prescription opioids. The values in the table below are presented for informational purposes only.

Table 10-4—Use of Opioids From Multiple Providers*¹

| MHP | Use of Opioids From Multiple Providers—Eligible Population | Use of Opioids From Multiple Providers—Multiple Prescribers | Use of Opioids From Multiple Providers—Multiple Pharmacies | Use of Opioids From Multiple Providers—Multiple Prescribers and Multiple Pharmacies |
|--------------------------|--|---|--|---|
| AET | 2,510 | 14.94% | 3.43% | 2.23% |
| BCC | 7,737 | 14.62% | 3.00% | 1.84% |
| HAP | 1,166 | 12.95% | 3.34% | 1.63% |
| MCL | 8,604 | 14.77% | 2.60% | 1.21% |
| MER | 17,806 | 14.84% | 3.78% | 2.59% |
| MOL | 14,554 | 13.36% | 2.75% | 1.70% |
| PRI | 4,300 | 18.70% | 2.23% | 1.21% |
| THC | 3,107 | 12.71% | 2.48% | 1.29% |
| UNI | 8,888 | 14.38% | 2.00% | 1.17% |
| UPP | 2,263 | 16.04% | 6.41% | 4.77% |
| HEDIS MY 2020 MWA | | 14.60% | 3.03% | 1.88% |
| HEDIS MY 2019 MWA | | 15.48% | 4.21% | 2.13% |
| HEDIS MY 2018 MWA | | 18.67% | 6.16% | 3.30% |

*For this measure, a lower rate indicates better performance.

¹ Due to changes in the technical specifications for this measure, NCQA recommends trending between MY 2020 and prior years be considered with caution.

Use of Opioids at High Dosage

The *Use of Opioids at High Dosage* summarizes use of prescription opioids received at a high dosage for at least 15 days. Due to changes in the technical specifications for this measure, NCQA recommends trending between MY 2020 and prior years be considered with caution.

Results

Table 10-5 shows the HEDIS MY 2020 rates for members receiving prescription opioids at a high dosage. The values in the table below are presented for informational purposes only.

Table 10-5—Use of Opioids at High Dosage^{*,1}

| MHP | Eligible Population | Rate |
|--------------------------|---------------------|--------------|
| AET | 2,135 | 2.53% |
| BCC | 6,798 | 1.69% |
| HAP | 971 | 2.16% |
| MCL | 6,613 | 2.65% |
| MER | 16,048 | 2.65% |
| MOL | 13,001 | 2.15% |
| PRI | 3,820 | 3.04% |
| THC | 2,819 | 10.57% |
| UNI | 7,888 | 2.90% |
| UPP | 2,040 | 3.33% |
| HEDIS MY 2020 MWA | | 2.86% |
| HEDIS MY 2019 MWA | | 3.36% |
| HEDIS MY 2018 MWA | | — |

^{*} For this measure, a lower rate indicates better performance.

¹ Due to changes in the technical specifications for this measure, NCQA recommends trending between MY 2020 and prior years be considered with caution.

— indicates that NCQA recommended a break in trending; therefore, prior year rates are not displayed.

Risk of Continued Opioid Use

The *Risk of Continued Opioid Use* summarizes new episodes of opioid use that puts members at risk for continued opioid use. Due to changes in the technical specifications for this measure, NCQA recommends trending between MY 2020 and prior years be considered with caution.

Results

Table 10-6 shows the HEDIS MY 2020 rates for members whose new episode lasted at least 15 days in a 30-day period and at least 31 days in a 62-day period. The values in the table below are presented for informational purposes only.

Table 10-6—Risk of Continued Opioid Use^{*,1}

| MHP | Eligible Population | At Least 15 Days Covered—Total | At Least 31 Days Covered—Total |
|--------------------------|---------------------|--------------------------------|--------------------------------|
| AET | 2,459 | 16.92% | 9.03% |
| BCC | 12,146 | 8.40% | 5.69% |
| HAP | 858 | 14.45% | 9.91% |
| MCL | 11,890 | 12.40% | 6.36% |
| MER | 25,944 | 9.38% | 5.91% |
| MOL | 17,906 | 9.82% | 6.95% |
| PRI | 6,228 | 10.85% | 5.88% |
| THC | 2,710 | 28.78% | 19.19% |
| UNI | 12,653 | 9.87% | 6.80% |
| UPP | 3,095 | 9.27% | 5.43% |
| HEDIS MY 2020 MWA | | 10.66% | 6.72% |
| HEDIS MY 2019 MWA | | 14.41% | 7.54% |
| HEDIS MY 2018 MWA | | 17.31% | 7.43% |

^{*} For this measure, a lower rate indicates better performance.

¹ Due to changes in the technical specifications for this measure, NCQA recommends trending between MY 2020 and prior years be considered with caution.

Plan All-Cause Readmissions

The *Plan All-Cause Readmissions* measure summarizes the percentage of inpatient hospital admissions that result in an unplanned readmission for any diagnosis within 30 days. This measure is risk-adjusted, so an O/E ratio is also calculated that indicates whether an MHP had more readmissions (O/E ratio greater than 1.0) or fewer readmissions (O/E ratio less than 1.0) than expected based on population mix.

Results

Table 10-7 shows the HEDIS MY 2020 observed rates, expected rates, and the O/E ratio for inpatient hospital admissions that were followed by an unplanned readmission for any diagnosis within 30 days.

Table 10-7—Plan All-Cause Readmissions*

| MHP | Index Admissions | Observed Readmissions — Total | Expected Readmissions — Total | O/E Ratio — Total |
|--------------------------|------------------|-------------------------------|-------------------------------|-------------------|
| AET | 2,162 | 11.42% | 9.91% | 1.15 |
| BCC | 5,963 | 11.00% | 10.23% | 1.08 |
| HAP | 157 | 13.38% | 9.81% | 1.36 |
| MCL | 9,049 | 9.63% | 9.76% | 0.99 |
| MER | 17,606 | 8.60% | 9.60% | 0.90 |
| MOL | 12,933 | 9.43% | 9.90% | 0.95 |
| PRI | 3,366 | 7.75% | 9.61% | 0.81 |
| THC | 2,480 | 10.48% | 10.01% | 1.05 |
| UNI | 5,724 | 12.05% | 10.77% | 1.12 |
| UPP | 1,173 | 9.38% | 9.97% | 0.94 |
| HEDIS MY 2020 MWA | | 9.65% | 9.90% | 0.98 |
| HEDIS MY 2019 MWA | | 9.09% | 9.90% | 0.92 |
| HEDIS MY 2018 MWA | | — | — | — |

* For this measure, a lower rate indicates better performance.

— indicates that NCQA recommended a break in trending; therefore, prior year rates are not displayed.

The rates of observed readmissions ranged from 7.75 percent for Priority to 13.38 percent for HAP; however, five of the 10 MHPs had an O/E ratio greater than 1.0 indicating these MHPs had more readmissions. The remaining five MHPs had an O/E ratio less than 1.0, indicating that these MHPs had fewer observed readmissions than were expected based on patient mix.

11. HEDIS Reporting Capabilities—Information Systems Findings

HEDIS Reporting Capabilities—Information Systems Findings

NCQA's IS standards are the guidelines used by certified HEDIS compliance auditors to assess an MHP's ability to report HEDIS data accurately and reliably.¹¹⁻¹ Compliance with the guidelines also helps an auditor to understand an MHP's HEDIS reporting capabilities. For HEDIS MY 2020, MHPs were assessed on six IS standards. To assess an MHP's adherence to the IS standards, HSAG reviewed several documents for the MHPs. These included the MHPs' final audit reports (FARs), IS compliance tools, and the IDSS files approved by their respective NCQA-licensed audit organization (LO).

All 10 of the Michigan MHPs that underwent NCQA HEDIS Compliance Audits™ in Michigan in 2020 contracted with the same LOs in 2021.¹¹⁻² The MHPs were able to select the LO of their choice. Overall, the Michigan MHPs consistently maintain the same LOs across reporting years.

For HEDIS MY 2020, all but two MHPs contracted with external software vendors for HEDIS measure production and rate calculation. HSAG reviewed the MHPs' FARs and ensured that these software vendors participated in and passed the NCQA's Measure Certification process. MHPs could purchase the software with certified measures and generate HEDIS measure results internally or provide all data to the software vendor to generate HEDIS measures for them. Either way, using software with NCQA-certified measures may reduce the MHPs' burden for reporting and help ensure rate validity. For the MHP that calculated its rate using internally developed source code, the auditor selected a core set of measures and manually reviewed the programming codes to verify accuracy and compliance with HEDIS MY 2020 technical specifications.

HSAG found that, in general, all MHPs' IS and processes were compliant with the applicable IS standards and the HEDIS determination reporting requirements related to the measures for HEDIS MY 2020. The following sections present NCQA's IS standards and summarize the audit findings related to each IS standard for the MHPs.

¹¹⁻¹ National Committee for Quality Assurance. *HEDIS® MY2020, Volume 5: HEDIS Compliance Audit™: Standards, Policies and Procedures*. Washington D.C.

¹¹⁻² NCQA HEDIS Compliance Audit™ is a trademark of the National Committee for Quality Assurance (NCQA).

IS 1.0—Medical Service Data—Sound Coding Methods and Data Capture, Transfer, and Entry

This standard assesses whether:

- Industry standard codes are used and all characters are captured.
- Principal codes are identified and secondary codes are captured.
- Nonstandard coding schemes are fully documented and mapped back to industry standard codes.
- Standard submission forms are used and capture all fields relevant to measure reporting; all proprietary forms capture equivalent data; and electronic transmission procedures conform to industry standards.
- Data entry and file processing procedures are timely and accurate and include sufficient edit checks to ensure the accurate entry and processing of submitted data in transaction files for measure reporting.
- The organization continually assesses data completeness and takes steps to improve performance.
- The organization regularly monitors vendor performance against expected performance standards.

All MHPs were fully compliant with *IS 1.0, Medical Service Data—Sound Coding Methods and Data Capture, Transfer, and Entry*. The auditors confirmed that the MHPs captured all necessary data elements appropriately for HEDIS reporting. A majority of the MHPs accepted industry standard codes on industry standard forms. Any nonstandard code that was used for measure reporting was mapped to industry standard code appropriately. Adequate validation processes such as built-in edit checks, data monitoring, and quality control audits were in place to ensure that only complete and accurate claims and encounter data were used for HEDIS reporting.

IS 2.0—Enrollment Data—Data Capture, Transfer, and Entry

This standard assesses whether:

- The organization has procedures for submitting measure-relevant information for data entry, and whether electronic transmissions of membership data have necessary procedures to ensure accuracy.
- Data entry processes are timely and accurate and include sufficient edit checks to ensure accurate entry of submitted data in transaction files.
- The organization continually assesses data completeness and takes steps to improve performance.
- The organization regularly monitors vendor performance against expected performance standards.

All MHPs were fully compliant with *IS 2.0, Enrollment Data—Data Capture, Transfer, and Entry*. Data fields required for HEDIS measure reporting were captured appropriately. Based on the auditors' review, all MHPs processed eligibility files in a timely manner. Enrollment information housed in the MHPs' systems was reconciled against the enrollment files provided by the State. Sufficient data validations were in place to ensure that only accurate data were used for HEDIS reporting.

IS 3.0—Practitioner Data—Data Capture, Transfer, and Entry

This standard assesses whether:

- Provider specialties are fully documented and mapped to HEDIS provider specialties necessary for measure reporting.
- The organization has effective procedures for submitting measure-relevant information for data entry, and whether electronic transmissions of practitioner data are checked to ensure accuracy.
- Data entry processes are timely and accurate and include edit checks to ensure accurate entry of submitted data in transaction files.
- The organization continually assesses data completeness and takes steps to improve performance.
- The organization regularly monitors vendor performance against expected performance standards.

All MHPs were fully compliant with *IS 3.0, Practitioner Data—Data Capture, Transfer, and Entry*. MHPs had sufficient processes in place to capture all data elements required for HEDIS reporting. Primary care practitioners and specialists were appropriately identified by all MHPs. Provider specialties were fully and accurately mapped to HEDIS-specified provider types. Adequate validation processes were in place to ensure that only accurate provider data were used for HEDIS reporting.

IS 4.0—Medical Record Review Processes—Training, Sampling, Abstraction, and Oversight

This standard assesses whether:

- Forms capture all fields relevant to measure reporting and whether electronic transmission procedures conform to industry standards and have necessary checking procedures to ensure data accuracy (logs, counts, receipts, hand-off, and sign-off).
- Retrieval and abstraction of data from medical records are reliably and accurately performed.
- Data entry processes are timely and accurate and include sufficient edit checks to ensure accurate entry of submitted data in the files for measure reporting.
- The organization continually assesses data completeness and takes steps to improve performance.
- The organization regularly monitors vendor performance against expected performance standards.

All MHPs were fully compliant with *IS 4.0, Medical Record Review Processes—Training, Sampling, Abstraction, and Oversight*. Medical record data were used by all MHPs to report HEDIS hybrid measures. Medical record abstraction tools were reviewed and approved by the MHPs' auditors for HEDIS reporting. Contracted vendor staff or internal staff used by the MHPs had sufficient qualification and training in the current year's HEDIS technical specifications and the use of MHP-specific abstraction tools to accurately conduct medical record reviews. Sufficient validation processes and edit checks were in place to ensure data completeness and data accuracy.

IS 5.0—Supplemental Data—Capture, Transfer, and Entry

This standard assesses whether:

- Nonstandard coding schemes are fully documented and mapped to industry standard codes.
- The organization has effective procedures for submitting measure-relevant information for data entry and whether electronic transmissions of data have validation procedures to ensure accuracy.
- Data entry processes are timely and accurate and include edit checks to ensure accurate entry of submitted data in transaction files.
- The organization continually assesses data completeness and takes steps to improve performance.
- The organization regularly monitors vendor performance against expected performance standards.
- Data approved for electronic clinical data system (ECDS) reporting met reporting requirements.

All MHPs were fully compliant with *IS 5.0, Supplemental Data—Capture, Transfer, and Entry*. Supplemental data sources used by the MHPs were verified and approved by the auditors. The auditors performed primary source verification of a sample of records selected from each nonstandard supplemental database used by the MHPs. In addition, the auditors reviewed the supplemental data impact reports provided by the MHPs for reasonability. Validation processes such as reconciliation between original data sources and MHP-specific data systems, edit checks, and system validations ensured data completeness and data accuracy. There were no issues noted regarding how the MHPs managed the collection, validation, and integration of the various supplemental data sources. The auditors continued to encourage the MHPs to explore ways to maximize the use of supplemental data.

IS 6.0—Data Production Processing—Transfer, Consolidation, Control Procedures That Support Measure Reporting Integrity

This standard assesses whether:

- Nonstandard coding schemes are fully documented and mapped to industry standard codes. Organization-to-vendor mapping is fully documented.
- Data transfers to HEDIS repository from transaction files are accurate.
- File consolidations, extracts, and derivations are accurate.
- Repository structure and formatting is suitable for measures and enable required programming efforts.
- Report production is managed effectively and operators perform appropriately.
- The organization regularly monitors vendor performance against expected performance standards.

All MHPs were fully compliant with *IS 6.0—Data Production Processing—Transfer, Consolidation, Control Procedures That Support Measure Reporting Integrity*.

All but two MHPs contracted with external software vendors for HEDIS measure production and rate calculation. Measures were benchmarked to assess potential for bias. Cross measure checks were performed to determine appropriate relationships exist. Confirmed data logic for code mapping was applied consistently. When non-standard coding schemes were used, mapping documents showed that code systems were identified and mapped according to the requirements in the specifications. Data source identifiers were clear and documented.

IS 7.0—Data Integration and Reporting—Accurate HEDIS Reporting, Control Procedures That Support HEDIS Reporting Integrity

This standard assesses whether:

- Data transfers to the HEDIS measure vendor from the HEDIS repository are accurate.
- Report production is managed effectively and operators perform appropriately.
- Measure reporting software is managed properly with regard to development, methodology, documentation, revision control, and testing.
- The organization regularly monitors vendor performance against expected performance standards.

All MHPs were fully compliant with *IS 7.0, Data Integration and Reporting—Accurate HEDIS Reporting, Control Procedures That Support HEDIS Reporting Integrity*. For the MHP that did not use a software vendor, the auditor requested, reviewed, and approved source code for a selected core set of HEDIS measures. For all MHPs, the auditors determined that data mapping, data transfers, and file consolidations were sufficient. Adequate validation processes were in place for all MHPs to ensure that only accurate and complete data were used for HEDIS reporting. The auditors did not document any issues with the MHPs' data integration and report production processes. Sufficient vendor oversight was in place for each MHP using a software vendor.

Glossary

Table 12-1 provides definitions of terms and acronyms used throughout this report.

Table 12-1—Definition of Terms

| Term | Description |
|-------------------|---|
| ADHD | Attention-deficit/hyperactivity disorder. |
| Audit Result | The HEDIS auditor’s final determination, based on audit findings, of the appropriateness of the MHP to publicly report its HEDIS measure rates. Each measure indicator rate included in the HEDIS audit receives an audit result of <i>Reportable (R)</i> , <i>Small Denominator (NA)</i> , <i>Biased Rate (BR)</i> , <i>No Benefit (NB)</i> , <i>Not Required (NQ)</i> , <i>Not Reported (NR)</i> , and <i>Un-Audited (UN)</i> . |
| ADMIN% | Percentage of the rate derived using administrative data (e.g., claims data and immunization registry). |
| BMI | Body mass index. |
| BR | Biased Rate; indicates that the MHP’s reported rate was invalid, therefore, the rate was not presented. |
| CDC | Centers for Disease Control and Prevention. |
| COVID-19 | Coronavirus disease 2019. |
| Data Completeness | The degree to which occurring services/diagnoses appear in the MHP’s administrative data systems. |
| Denominator | The number of members who meet all criteria specified in a measure for inclusion in the eligible population. When using the administrative method, the entire eligible population becomes the denominator. When using the hybrid method, a sample of the eligible population becomes the denominator. |
| DTaP | Diphtheria, tetanus, and acellular pertussis vaccine. |
| ECDS | Electronic clinical data system. A structured, electronic version of a patient’s comprehensive medical experiences maintained over time that may include some or all key administrative clinical data relevant to care (e.g., demographics, progress notes, problems, medications, vital signs, past medical history, social history, immunizations, laboratory data, radiology reports). |
| ED | Emergency department. |
| EDI | Electronic data interchange; the direct computer-to-computer transfer of data. |
| eGFR | Estimated Glomerular Filtration Rate. |
| Encounter Data | Billing data received from a capitated provider. (Although the MHP does not reimburse the provider for each encounter, submission of encounter data allows the MHP to collect the data for future HEDIS reporting.) |

| Term | Description |
|------------------|---|
| FAR | Following the MHP's completion of any corrective actions, an auditor completes the final audit report (FAR), documenting all final findings and results of the HEDIS audit. The FAR includes a summary report, IS capabilities assessment, medical record review validation findings, measure results, and the auditor's audit opinion (the final audit statement). |
| HEDIS | The Healthcare Effectiveness Data and Information Set (HEDIS), developed and maintained by NCQA, is a set of performance measures used to assess the quality of care provided by managed health care organizations. |
| HEDIS Repository | The data warehouse where all data used for HEDIS reporting are stored. |
| Hep B | Hepatitis B vaccine. |
| HiB Vaccine | Haemophilus influenza type B vaccine. |
| HMO | Health maintenance organization. |
| HPL | High performance level. (For most performance measures, MDHHS defined the HPL as the most recent national Medicaid 90th percentile. For measures such as <i>Comprehensive Diabetes Care—HbA1c Poor Control</i> [$>9.0\%$], in which lower rates indicate better performance, the 10th percentile [rather than the 90th percentile] is considered the HPL.) |
| HPV | Human papillomavirus vaccine. |
| HSAG | Health Services Advisory Group, Inc., the State's external quality review organization. |
| Hybrid Measures | Measures that can be reported using the hybrid method. |
| IDSS | The Interactive Data Submission System, a tool used to submit data to NCQA. |
| IPV | Inactivated polio virus vaccine. |
| IS | Information system: an automated system for collecting, processing, and transmitting data. |
| IS Standards | Information System (IS) standards: an NCQA-defined set of standards that measure how an organization collects, stores, analyzes, and reports medical, customer service, member, practitioner, and vendor data. ¹²⁻¹ |
| LPL | Low performance level. (For most performance measures, MDHHS defined the LPL as the most recent national Medicaid 25th percentile. For measures such as <i>Comprehensive Diabetes Care—HbA1c Poor Control</i> [$>9.0\%$], in which lower rates indicate better performance, the 75th percentile [rather than the 25th percentile] is considered the LPL). |

¹²⁻¹ National Committee for Quality Assurance. *HEDIS Compliance Audit Standards, Policies and Procedures, Volume 5*. Washington D.C.

| Term | Description |
|---------------------------|---|
| Material Bias | For most measures reported as a rate, any error that causes a ± 5 percent difference in the reported rate is considered materially biased. For non-rate measures, any error that causes a ± 10 percent difference in the reported rate or calculation is considered materially biased. |
| Medical Record Validation | The process that the MHP's medical record abstraction staff uses to identify numerator positive cases. |
| Medicaid Percentiles | The NCQA national percentiles for each HEDIS measure for the Medicaid product line used to compare the MHP's performance and assess the reliability of the MHP's HEDIS rates. |
| MDHHS | Michigan Department of Health and Human Services. |
| MHP | Medicaid health plan. |
| MMR | Measles, mumps, and rubella vaccine. |
| MRR | Medical record review. |
| MY | Measurement year. |
| NA | Small Denominator: indicates that the MHP followed the specifications but the denominator was too small (<30) to report a valid rate, resulting in an NA designation. |
| NB | No Benefit: indicates that the required benefit to calculate the measure was not offered. |
| NCQA | The National Committee for Quality Assurance (NCQA) is a not-for-profit organization that assesses, through accreditation reviews and standardized measures, the quality of care provided by managed healthcare delivery systems; reports results of those assessments to employers, consumers, public purchasers, and regulators; and ultimately seeks to improve the health care provided within the managed care industry. |
| NR | Not Reported: indicates that the MHP chose not to report the required HEDIS 2018 measure indicator rate. This designation was assigned to rates during previous reporting years to indicate one of the following designations: The MHP chose not to report the required measure indicator rate, or the MHP's reported rate was invalid. |
| Numerator | The number of members in the denominator who received all the services as specified in the measure. |
| NQ | Not Required: indicates that the MHP was not required to report this measure. |
| OB/GYN | Obstetrician/Gynecologist. |
| PCP | Primary care practitioner. |
| PCV | Pneumococcal conjugate vaccine. |
| POP | Eligible population. |
| Provider Data | Electronic files containing information about physicians such as type of physician, specialty, reimbursement arrangement, and office location. |

| Term | Description |
|-----------------|--|
| RV | Rotavirus vaccine. |
| Software Vendor | A third party, with source code certified by NCQA, that contracts with the MHP to write source code for HEDIS measures. (For the measures to be certified, the vendor must submit programming codes associated with the measure to NCQA for automated testing of program logic, and a minimum percentage of the measures must receive a “Pass” or “Pass With Qualifications” designation.) |
| Tdap | Tetanus, diphtheria toxoids, and acellular pertussis vaccine. |
| uACR | Urine albumin-creatinine ratio. |
| UN | Unaudited: indicates that the organization chose to report a measure that is not required to be audited. This result applies only to a limited set of measures. |
| URI | Upper respiratory infection. |
| Quality Compass | NCQA Quality Compass benchmark. |
| VZV | Varicella zoster virus (chicken pox) vaccine. |

Appendix A. Tabular Results

Appendix A presents tabular results for each measure indicator. Where applicable, the results provided include the eligible population and rate as well as the Michigan MWA for HEDIS MY 2018, HEDIS MY 2019, and HEDIS MY 2020. Yellow shading with one cross (+) indicates that the HEDIS MY 2020 rate was at or above the Quality Compass HEDIS MY 2019 MWA national Medicaid 50th percentile.

Child & Adolescent Care Performance Measure Results

Table A-1—MHP and MWA Results for Childhood Immunization Status

| Plan | Eligible Population | Combo 2 Rate | Combo 3 Rate | Combo 4 Rate | Combo 5 Rate | Combo 6 Rate | Combo 7 Rate | Combo 8 Rate | Combo 9 Rate | Combo 10 Rate |
|--------------------------|---------------------|---------------------|---------------------|---------------------|---------------------|---------------------|---------------------|---------------------|---------------------|---------------------|
| AET | 640 | 52.66% | 49.38% | 48.75% | 41.25% | 21.41% | 40.63% | 21.41% | 18.13% | 18.13% |
| BCC | 4,437 | 64.96% | 62.53% | 61.80% | 53.04% | 37.71% | 52.55% | 37.71% | 31.39% | 31.39% |
| HAP | 109 | 49.54% | 44.95% | 44.95% | 37.61% | 23.85% | 37.61% | 23.85% | 20.18% | 20.18% |
| MCL | 4,324 | 65.94% | 63.26% | 61.56% | 52.55% | 37.23% | 51.34% | 36.74% | 31.87% | 31.39% |
| MER | 10,921 | 64.72% | 62.53% | 62.04% | 56.69% | 35.77% | 56.20% | 35.77% | 32.85% | 32.85% |
| MOL | 7,127 | 71.29% | 67.15% | 66.18% | 59.37% | 37.23% | 58.64% | 36.98% | 34.06% | 33.82% |
| PRI | 3,230 | 75.91% ⁺ | 74.70% ⁺ | 73.72% ⁺ | 66.67% ⁺ | 53.53% ⁺ | 65.94% ⁺ | 53.04% ⁺ | 48.42% ⁺ | 47.93% ⁺ |
| THC | 972 | 60.34% | 53.04% | 53.04% | 44.53% | 28.47% | 44.53% | 28.47% | 24.57% | 24.57% |
| UNI | 5,117 | 65.21% | 61.80% | 61.07% | 55.47% | 32.85% | 54.74% | 32.85% | 29.68% | 29.68% |
| UPP | 964 | 68.36% | 66.08% | 64.52% | 55.08% | 45.02% ⁺ | 53.94% | 44.40% ⁺ | 39.83% ⁺ | 39.21% ⁺ |
| HEDIS MY 2020 MWA | | 66.88% | 64.00% | 63.16% | 56.31% | 37.33% | 55.64% | 37.17% | 33.37% | 33.22% |
| HEDIS MY 2019 MWA | | 72.71% | 68.36% | 67.54% | 59.06% | 37.86% | 58.44% | 37.69% | 33.60% | 33.44% |
| HEDIS MY 2018 MWA | | 72.51% | 67.93% | 67.00% | 57.79% | 38.40% | 57.07% | 38.20% | 33.40% | 33.24% |

Yellow shading with one cross (+) indicates the HEDIS MY 2020 MHP or MWA rate was at or above the Quality Compass HEDIS MY 2019 MWA national Medicaid 50th percentile.

Table A-2—MHP and MWA Results for Well-Child Visits in the First 30 Months of Life

| Plan | Well-Child Visits in the First 15 Months—Six or More Well-Child Visits—Eligible Population | Well-Child Visits in the First 15 Months—Six or More Well-Child Visits—Rate ¹ | Well-Child Visits for Age 15 Months to 30 Months—Two or More Well-Child Visits—Eligible Population | Well-Child Visits for Age 15 Months to 30 Months—Two or More Well-Child Visits—Rate ² |
|--------------------------|--|--|--|--|
| AET | 526 | 41.63% | 574 | 52.61% |
| BCC | 3,668 | 64.39% | 3,959 | 66.84% |
| HAP | 41 | 51.22% | 56 | 55.36% |
| MCL | 3,484 | 61.22% | 3,851 | 67.44% |
| MER | 8,907 | 63.12% | 10,152 | 68.93% |
| MOL | 5,822 | 59.93% | 6,711 | 67.01% |
| PRI | 2,571 | 65.77% | 2,799 | 75.71% |
| THC | 721 | 48.82% | 813 | 57.20% |
| UNI | 4,059 | 61.25% | 4,782 | 65.10% |
| UPP | 777 | 70.27% | 897 | 73.13% |
| HEDIS MY 2020 MWA | | 61.88% | | 67.71% |
| HEDIS MY 2019 MWA | | — | | — |
| HEDIS MY 2018 MWA | | — | | — |

¹Due to changes in the technical specifications for this measure, NCQA recommends a break in trending between MY 2020 and prior years; therefore, prior years' rates will not be displayed and comparisons to benchmarks will not be performed for this measure.

²This measure is a first-year measure; therefore, prior years' rates cannot be displayed and comparisons to benchmarks cannot be performed for this measure as benchmarks are not yet available.

Table A-3—MHP and MWA Results for Lead Screening in Children

| Plan | Eligible Population | Rate |
|--------------------------|---------------------|---------------------------|
| AET | 643 | 62.83% |
| BCC | 4,437 | 71.53% |
| HAP | 109 | 62.39% |
| MCL | 4,337 | 74.21% ⁺ |
| MER | 10,921 | 73.87% ⁺ |
| MOL | 7,142 | 72.14% |
| PRI | 3,231 | 78.35% ⁺ |
| THC | 972 | 67.64% |
| UNI | 5,117 | 74.70% ⁺ |
| UPP | 964 | 74.48% ⁺ |
| HEDIS MY 2020 MWA | | 73.44%⁺ |
| HEDIS MY 2019 MWA | | 78.27% |
| HEDIS MY 2018 MWA | | 78.40% |

Yellow shading with one cross (+) indicates the HEDIS MY 2020 MHP or MWA rate was at or above the Quality Compass HEDIS MY 2019 MWA national Medicaid 50th percentile.

Table A-4—MHP and MWA Results for Child and Adolescents Well-Care Visits¹

| Plan | Ages 3 to 11 Years—Eligible Population | Ages 3 to 11 Years—Rate | Ages 12 to 17 Years—Eligible Population | Ages 12 to 17 Years—Rate | Ages 18 to 21 Years—Eligible Population | Ages 18 to 21 Years—Rate | Total—Eligible Population | Total—Rate |
|--------------------------|--|----------------------------|---|-----------------------------|---|-----------------------------|------------------------------|---------------|
| AET | 7,415 | 41.17% | 4,573 | 32.25% | 2,738 | 21.59% | 14,726 | 34.76% |
| BCC | 35,840 | 50.56% | 20,379 | 40.79% | 11,410 | 27.43% | 67,629 | 43.71% |
| HAP | 2,064 | 34.54% | 876 | 20.66% | 755 | 18.28% | 3,695 | 27.93% |
| MCL | 39,295 | 48.09% | 23,240 | 37.63% | 12,281 | 21.68% | 74,816 | 40.50% |
| MER | 106,684 | 52.28% | 59,665 | 42.30% | 26,302 | 26.22% | 192,651 | 45.63% |
| MOL | 71,354 | 51.03% | 46,993 | 45.06% | 21,650 | 29.85% | 139,997 | 45.75% |
| PRI | 29,375 | 55.86% | 17,156 | 46.32% | 7,341 | 28.87% | 53,872 | 49.14% |
| THC | 8,709 | 48.36% | 5,989 | 43.70% | 3,365 | 38.72% | 18,063 | 45.02% |
| UNI | 54,690 | 50.09% | 35,269 | 42.31% | 16,695 | 29.19% | 106,654 | 44.24% |
| UPP | 8,759 | 50.87% | 5,159 | 43.87% | 2,539 | 22.41% | 16,457 | 44.29% |
| HEDIS MY 2020 MWA | | 50.92% | | 42.35% | | 27.36% | | 44.59% |
| HEDIS MY 2019 MWA | | — | | — | | — | | — |
| HEDIS MY 2018 MWA | | — | | — | | — | | — |

¹Due to changes in the technical specifications for this measure, NCQA recommends a break in trending between MY 2020 and prior years; therefore, prior years' rates will not be displayed and comparisons to benchmarks will not be performed for this measure.

Table A-5—MHP and MWA Results for Immunizations for Adolescents

| Plan | Eligible Population | Combination 1 Rate | Combination 2 Rate |
|--------------------------|---------------------|---------------------------|---------------------------|
| AET | 718 | 79.56% | 37.23% ⁺ |
| BCC | 3,162 | 82.00% | 34.06% |
| HAP | 41 | 70.73% | 21.95% |
| MCL | 3,666 | 81.75% | 30.90% |
| MER | 9,776 | 82.73% ⁺ | 36.50% |
| MOL | 7,640 | 83.70% ⁺ | 42.34% ⁺ |
| PRI | 2,767 | 87.59% ⁺ | 45.99% ⁺ |
| THC | 974 | 81.75% | 36.98% ⁺ |
| UNI | 5,725 | 80.78% | 38.20% ⁺ |
| UPP | 856 | 80.72% | 34.93% |
| HEDIS MY 2020 MWA | | 82.68%⁺ | 37.95%⁺ |
| HEDIS MY 2019 MWA | | 85.28% | 40.40% |
| HEDIS MY 2018 MWA | | 85.66% | — |

Yellow shading with one cross (+) indicates the HEDIS MY 2020 MHP or MWA rate was at or above the Quality Compass HEDIS MY 2019 MWA national Medicaid 50th percentile.

¹The Immunizations for Adolescents—Combination 2 measure was not included in the MY 2018 results. Therefore, the MY 2018 results are not included here.

**Table A-6—MHP and MWA Results for Follow-Up Care for Children Prescribed ADHD Medication—
Initiation Phase and Continuation and Maintenance Phase¹**

| Plan | Initiation Phase— Eligible Population | Initiation Phase— Rate | Continuation and Maintenance Phase—Eligible Population | Continuation and Maintenance Phase—Rate |
|--------------------------|---|---------------------------|---|---|
| AET | 167 | 36.53% | 37 | 45.95% |
| BCC | 807 | 48.33% ⁺ | 188 | 68.62% ⁺ |
| HAP | 4 | NA | 1 | NA |
| MCL | 1,142 | 49.12% ⁺ | 371 | 59.30% ⁺ |
| MER | 2,577 | 44.59% ⁺ | 714 | 55.18% ⁺ |
| MOL | 1,796 | 51.67% ⁺ | 455 | 65.49% ⁺ |
| PRI | 669 | 37.07% | 216 | 42.59% |
| THC | 200 | 55.50% ⁺ | 48 | 62.50% ⁺ |
| UNI | 1,461 | 41.20% | 318 | 54.09% |
| UPP | 236 | 50.42% ⁺ | 82 | 62.20% ⁺ |
| HEDIS MY 2020 MWA | | 46.03%⁺ | | 57.74%⁺ |
| HEDIS MY 2019 MWA | | 44.44% | | 54.65% |
| HEDIS MY 2018 MWA | | 46.59% | | 58.80% |

Yellow shading with one cross (+) indicates the HEDIS MY 2020 MHP or MWA rate was at or above the Quality Compass HEDIS MY 2019 MWA national Medicaid 50th percentile.

NA indicates that the MHP followed the specifications, but the denominator was too small (<30) to report a valid rate.

¹Due to changes in the technical specifications for this measure, NCQA recommends trending between MY 2020 and prior years be considered with caution.

Women—Adult Care Performance Measure Results

Table A-7—MHP and MWA Results for Chlamydia Screening in Women

| Plan | Ages 16 to 20 Years—Eligible Population | Ages 16 to 20 Years—Rate | Ages 21 to 24 Years—Eligible Population | Ages 21 to 24 Years—Rate | Total—Eligible Population | Total—Rate |
|--------------------------|---|-----------------------------|---|-----------------------------|------------------------------|---------------------------|
| AET | 935 | 57.01% ⁺ | 861 | 63.88% | 1,796 | 60.30% ⁺ |
| BCC | 3,921 | 58.99% ⁺ | 4,086 | 64.86% | 8,007 | 61.98% ⁺ |
| HAP | 177 | 51.98% | 236 | 59.75% | 413 | 56.42% |
| MCL | 4,704 | 53.49% | 4,281 | 61.32% | 8,985 | 57.22% |
| MER | 10,496 | 55.53% ⁺ | 8,720 | 62.83% | 19,216 | 58.84% ⁺ |
| MOL | 8,117 | 59.09% ⁺ | 6,083 | 65.40% ⁺ | 14,200 | 61.79% ⁺ |
| PRI | 3,120 | 58.78% ⁺ | 2,438 | 63.95% | 5,558 | 61.05% ⁺ |
| THC | 1,198 | 69.37% ⁺ | 930 | 72.69% ⁺ | 2,128 | 70.82% ⁺ |
| UNI | 5,820 | 59.85% ⁺ | 4,476 | 64.95% | 10,296 | 62.06% ⁺ |
| UPP | 1,068 | 41.01% | 841 | 49.82% | 1,909 | 44.89% |
| HEDIS MY 2020 MWA | | 57.30%⁺ | | 63.68% | | 60.20%⁺ |
| HEDIS MY 2019 MWA | | 62.76% | | 68.90% | | 65.42% |
| HEDIS MY 2018 MWA | | 63.98% | | 69.17% | | 66.28% |

Yellow shading with one cross (+) indicates the HEDIS MY 2020 MHP or MWA rate was at or above the Quality Compass HEDIS MY 2019 MWA national Medicaid 50th percentile.

Table A-8—MHP and MWA Results for Cervical Cancer Screening in Women¹

| Plan | Cervical Cancer Screening—Eligible Population | Cervical Cancer Screening—Rate |
|--------------------------|---|--------------------------------|
| AET | 10,169 | 54.01% |
| BCC | 52,196 | 60.73% |
| HAP | 3,496 | 40.00% |
| MCL | 46,037 | 59.85% |
| MER | 109,120 | 59.41% |
| MOL | 72,741 | 63.99% ⁺ |
| PRI | 28,213 | 67.88% ⁺ |
| THC | 11,549 | 61.56% ⁺ |
| UNI | 56,011 | 57.66% |
| UPP | 11,886 | 58.15% |
| HEDIS MY 2020 MWA | | 60.53% |
| HEDIS MY 2019 MWA | | 67.66% |
| HEDIS MY 2018 MWA | | 65.76% |

Yellow shading with one cross (+) indicates the HEDIS MY 2020 MHP or MWA rate was at or above the Quality Compass HEDIS MY 2019 MWA national Medicaid 50th percentile.

¹Due to changes in the technical specifications for this measure, NCQA recommends trending between MY 2020 and prior years be considered with caution.

Table A-9—MHP and MWA Results for Breast Cancer Screening in Women¹

| Plan | Breast Cancer Screening—Eligible Population | Breast Cancer Screening—Rate |
|--------------------------|---|------------------------------|
| AET | 2,600 | 50.35% |
| BCC | 7,916 | 55.48% |
| HAP | 1,019 | 57.02% |
| MCL | 8,564 | 56.20% |
| MER | 19,213 | 56.65% |
| MOL | 16,053 | 55.52% |
| PRI | 5,731 | 64.51% ⁺ |
| THC | 2,503 | 50.62% |
| UNI | 10,056 | 54.30% |
| UPP | 2,914 | 61.87% ⁺ |
| HEDIS MY 2020 MWA | | 56.31% |
| HEDIS MY 2019 MWA | | 60.83% |
| HEDIS MY 2018 MWA | | 61.37% |

Yellow shading with one cross (+) indicates the HEDIS MY 2020 MHP or MWA rate was at or above the Quality Compass HEDIS MY 2019 MWA national Medicaid 50th percentile.

¹Due to changes in the technical specifications for this measure, NCQA recommends trending between MY 2020 and prior years be considered with caution.

Access to Care Performance Measure Results

Table A-10—MHP and MWA Results for Adults' Access to Preventive/Ambulatory Health Services

| Plan | Ages 20 to 44 Years—Eligible Population | Ages 20 to 44 Years—Rate | Ages 45 to 64 Years—Eligible Population | Ages 45 to 64 Years—Rate | Ages 65+ Years—Eligible Population | Ages 65+ Years—Rate | Total—Eligible Population | Total—Rate |
|--------------------------|---|-----------------------------|---|-----------------------------|--|------------------------|------------------------------|---------------------|
| AET | 13,447 | 65.40% | 8,274 | 79.70% | 3,004 | 87.72% | 24,725 | 72.90% |
| BCC | 68,653 | 74.84% | 38,286 | 82.29% | 604 | 71.52% | 107,543 | 77.48% |
| HAP | 5,566 | 57.06% | 3,465 | 74.49% | 2,364 | 88.16% | 11,395 | 68.81% |
| MCL | 64,707 | 73.17% | 34,458 | 83.28% | 311 | 72.67% | 99,476 | 76.67% |
| MER | 140,954 | 76.20% | 72,173 | 84.67% | 2,399 | 88.91% | 215,526 | 79.18% |
| MOL | 91,905 | 75.54% | 53,132 | 85.30% | 6,110 | 90.28% ⁺ | 151,147 | 79.57% |
| PRI | 35,690 | 76.55% | 18,209 | 85.47% | 2,271 | 91.77% ⁺ | 56,170 | 80.06% |
| THC | 15,029 | 69.67% | 9,697 | 82.94% | 331 | 81.87% | 25,057 | 74.97% |
| UNI | 70,785 | 73.73% | 38,981 | 84.72% | 1,574 | 88.25% | 111,340 | 77.79% |
| UPP | 14,323 | 78.29% | 8,860 | 85.12% | 1,734 | 92.68% ⁺ | 24,917 | 81.72% ⁺ |
| HEDIS MY 2020 MWA | | 74.60% | | 84.05% | | 88.77% | | 78.22% |
| HEDIS MY 2019 MWA | | 79.02% | | 87.31% | | 92.68% | | 82.49% |
| HEDIS MY 2018 MWA | | 78.26% | | 87.05% | | 92.99% | | 81.95% |

Yellow shading with one cross (+) indicates the HEDIS MY 2020 MHP or MWA rate was at or above the Quality Compass HEDIS MY 2019 MWA national Medicaid 50th percentile.

**Table A-11—MHP and MWA Results for Avoidance of Antibiotic Treatment
in Adults With Acute Bronchitis**

| Plan | Ages 3 Months to 17 Years— Eligible Population | Ages 3 Months to 17 Years— Rate | Ages 18 to 64 Years—Eligible Population | Ages 18 to 64 Years—Rate | Ages 65+ Years—Eligible Population | Ages 65+ Years—Rate | Total—Eligible Population | Total—Rate |
|--------------------------|---|---------------------------------------|---|-----------------------------|--|------------------------|------------------------------|---------------------|
| AET | 369 | 61.25% ⁺ | 567 | 43.03% ⁺ | 67 | 28.36% | 1,003 | 48.75% |
| BCC | 2,189 | 62.81% ⁺ | 2,658 | 38.45% ⁺ | 7 | NA | 4,854 | 49.46% |
| HAP | 54 | 75.93% ⁺ | 116 | 40.52% ⁺ | 44 | 29.55% | 214 | 47.20% |
| MCL | 2,269 | 61.39% ⁺ | 2,560 | 39.96% ⁺ | 2 | NA | 4,831 | 50.05% |
| MER | 6,095 | 60.82% ⁺ | 5,826 | 39.00% ⁺ | 48 | 31.25% | 11,969 | 50.08% |
| MOL | 4,458 | 58.59% | 4,047 | 38.65% ⁺ | 110 | 22.73% | 8,615 | 48.76% |
| PRI | 1,266 | 71.56% ⁺ | 1,467 | 48.74% ⁺ | 28 | NA | 2,761 | 59.51% ⁺ |
| THC | 514 | 64.79% ⁺ | 734 | 39.51% ⁺ | 6 | NA | 1,254 | 49.92% |
| UNI | 3,279 | 60.54% ⁺ | 3,414 | 38.84% ⁺ | 32 | 31.25% | 6,725 | 49.38% |
| UPP | 280 | 64.64% ⁺ | 414 | 36.47% | 15 | NA | 709 | 47.53% |
| HEDIS MY 2020 MWA | | 61.42%⁺ | | 39.69%⁺ | | 32.87% | | 50.15% |
| HEDIS MY 2019 MWA | | 60.04% | | 37.65% | | 34.71% | | 48.23% |
| HEDIS MY 2018 MWA | | — | | — | | — | | — |

Yellow shading with one cross (+) indicates the HEDIS MY 2020 MHP or MWA rate was at or above the Quality Compass HEDIS MY 2019 MWA national Medicaid 50th percentile.
NA indicates that the MHP followed the specifications, but the denominator was too small (<30) to report a valid rate.

**Table A-12—MHP and MWA Results for Appropriate Testing
for Pharyngitis¹**

| Plan | Ages 3 to 17 Years—Eligible Population | Ages 3 to 17 Years—Rate | Ages 18 to 64 Years—Eligible Population | Ages 18 to 64 Years—Rate | Ages 65+ Years—Eligible Population | Ages 65+ Years—Rate | Total—Eligible Population | Total—Rate |
|--------------------------|--|----------------------------|---|-----------------------------|--|---------------------------|------------------------------|---------------|
| AET | 627 | 68.58% | 526 | 49.81% | 22 | NA | 1,175 | 59.23% |
| BCC | 4,110 | 75.69% | 3,732 | 54.39% | 2 | NA | 7,844 | 65.57% |
| HAP | 97 | 65.98% | 138 | 47.10% | 19 | NA | 254 | 52.76% |
| MCL | 6,022 | 81.62% | 3,600 | 67.58% ⁺ | 1 | NA | 9,623 | 76.36% |
| MER | 14,387 | 77.32% | 8,072 | 60.88% | 12 | NA | 22,471 | 71.39% |
| MOL | 10,897 | 70.08% | 5,839 | 52.12% | 50 | 24.00% ⁺ | 16,786 | 63.70% |
| PRI | 2,658 | 81.08% | 1,534 | 68.19% ⁺ | 2 | NA | 4,194 | 76.32% |
| THC | 869 | 65.71% | 733 | 45.57% | 0 | NA | 1,602 | 56.49% |
| UNI | 7,898 | 73.31% | 4,743 | 51.63% | 25 | NA | 12,666 | 65.10% |
| UPP | 980 | 79.18% | 593 | 71.84% ⁺ | 3 | NA | 1,576 | 76.40% |
| HEDIS MY 2020 MWA | | 75.34% | | 57.61% | | 25.00%⁺ | | 68.56% |
| HEDIS MY 2019 MWA | | 76.87% | | 59.75% | | 34.85% | | 70.83% |
| HEDIS MY 2018 MWA | | — | | — | | — | | — |

Yellow shading with one cross (+) indicates the HEDIS MY 2020 MHP or MWA rate was at or above the Quality Compass HEDIS MY 2019 MWA national Medicaid 50th percentile.

¹Due to changes in the technical specifications for this measure, NCQA recommends trending between MY 2020 and prior years be considered with caution.

NA indicates that the MHP followed the specifications, but the denominator was too small (<30) to report a valid rate.

Table A-13—MHP and MWA Results for Appropriate Treatment for Upper Respiratory Infection

| Plan | Ages 3 Months to 17 Years—Eligible Population | Ages 3 Months to 17 Years—Rate | Ages 18 to 64 Years—Eligible Population | Ages 18 to 64 Years—Rate | Ages 65+ Years—Eligible Population | Ages 65+ Years—Rate | Total—Eligible Population | Total—Rate |
|--------------------------|---|--------------------------------|---|---------------------------|------------------------------------|---------------------|---------------------------|---------------------|
| AET | 2,384 | 91.28% | 1,293 | 80.28% ⁺ | 80 | 70.00% | 3,757 | 87.04% |
| BCC | 13,455 | 91.91% ⁺ | 7,607 | 76.51% ⁺ | 21 | NA | 21,083 | 86.34% |
| HAP | 302 | 91.72% ⁺ | 319 | 79.94% ⁺ | 80 | 73.75% ⁺ | 701 | 84.31% |
| MCL | 11,246 | 90.52% | 5,851 | 79.90% ⁺ | 2 | NA | 17,099 | 86.88% |
| MER | 36,486 | 91.71% ⁺ | 14,751 | 78.27% ⁺ | 60 | 88.33% ⁺ | 51,297 | 87.84% ⁺ |
| MOL | 27,509 | 89.18% | 10,681 | 76.95% ⁺ | 199 | 61.31% | 38,389 | 85.63% |
| PRI | 9,809 | 95.18% ⁺ | 3,822 | 87.57% ⁺ | 39 | 89.74% ⁺ | 13,670 | 93.04% ⁺ |
| THC | 2,972 | 91.99% ⁺ | 1,519 | 75.58% ⁺ | 9 | NA | 4,500 | 86.44% |
| UNI | 21,746 | 91.43% | 8,571 | 75.01% | 59 | 67.80% | 30,376 | 86.75% |
| UPP | 2,673 | 91.43% | 1,257 | 83.13% ⁺ | 23 | NA | 3,953 | 88.72% ⁺ |
| HEDIS MY 2020 MWA | | 91.30% | | 78.18%⁺ | | 71.33% | | 87.28% |
| HEDIS MY 2019 MWA | | 90.61% | | 75.39% | | 68.24% | | 86.26% |
| HEDIS MY 2018 MWA | | — | | — | | — | | — |

Yellow shading with one cross (+) indicates the HEDIS MY 2020 MHP or MWA rate was at or above the Quality Compass HEDIS MY 2019 MWA national Medicaid 50th percentile. NA indicates that the MHP followed the specifications, but the denominator was too small (<30) to report a valid rate.

Obesity Performance Measure Results

**Table A-14— MHP and MWA Results for Weight Assessment and Counseling
for Nutrition and Physical Activity for Children/Adolescents**

| Plan | Eligible Population | BMI Percentile Documentation— Total—Rate ¹ | Counseling for Nutrition— Total—Rate | Counseling for Physical Activity— Total—Rate |
|--------------------------|---------------------|--|---|---|
| AET | 6,602 | 80.29% | 72.02% ⁺ | 68.61% ⁺ |
| BCC | 36,963 | 78.14% | 64.87% | 63.80% |
| HAP | 1,190 | 80.67% ⁺ | 69.85% | 67.27% ⁺ |
| MCL | 41,812 | 65.21% | 53.53% | 53.77% |
| MER | 116,879 | 78.59% | 69.83% | 68.13% ⁺ |
| MOL | 82,031 | 76.89% | 70.80% | 67.64% ⁺ |
| PRI | 32,694 | 90.02% ⁺ | 81.75% ⁺ | 80.29% ⁺ |
| THC | 8,486 | 75.91% | 69.10% | 66.91% ⁺ |
| UNI | 58,693 | 82.48% ⁺ | 73.72% ⁺ | 71.29% ⁺ |
| UPP | 10,329 | 88.08% ⁺ | 72.99% ⁺ | 69.59% ⁺ |
| HEDIS MY 2020 MWA | | 78.53% | 69.51% | 67.60%⁺ |
| HEDIS MY 2019 MWA | | 85.84% | 75.68% | 73.76% |
| HEDIS MY 2018 MWA | | 84.18% | 75.19% | 72.04% |

Yellow shading with one cross (+) indicates the HEDIS MY 2020 MHP or MWA rate was at or above the Quality Compass HEDIS MY 2019 MWA national Medicaid 50th percentile.

¹Due to changes in the technical specifications for this measure, NCQA recommends trending between MY 2020 and prior years be considered with caution.

Pregnancy Care Performance Measure Results

Table A-15—MHP and MWA Results for Prenatal and Postpartum Care¹

| Plan | Eligible Population | Timeliness of Prenatal Care—Rate | Postpartum Care—Rate |
|--------------------------|---------------------|----------------------------------|----------------------|
| AET | 820 | 68.86% | 54.01% |
| BCC | 4,540 | 78.91% | 71.09% |
| HAP | 228 | 68.30% | 52.68% |
| MCL | 4,026 | 78.59% | 70.32% |
| MER | 9,815 | 79.08% | 67.88% |
| MOL | 6,438 | 81.27% | 70.32% |
| PRI | 2,742 | 86.37% | 79.56% ⁺ |
| THC | 880 | 64.72% | 53.53% |
| UNI | 4,775 | 78.83% | 71.78% |
| UPP | 794 | 91.24% ⁺ | 87.59% ⁺ |
| HEDIS MY 2020 MWA | | 79.54% | 70.13% |
| HEDIS MY 2019 MWA | | 86.17% | 73.76% |
| HEDIS MY 2018 MWA | | — | — |

Yellow shading with one cross (+) indicates the HEDIS MY 2020 MHP or MWA rate was at or above the Quality Compass HEDIS MY 2019 MWA national Medicaid 50th percentile.

¹ Due to changes in the technical specifications for this measure, NCQA recommends trending between MY 2020 and prior years be considered with caution.

Living With Illness Performance Measure Results

Table A-16—MHP and MWA Results for Comprehensive Diabetes Care

| Plan | Eligible Population | HbA1c Testing—Rate ¹ | HbA1c Poor Control (>9.0%)—Rate ^{*,1} | HbA1c Control (<8.0%)—Rate ¹ | Eye Exam (Retinal) Performed—Rate ¹ | Blood Pressure Control (<140/90 mm Hg)—Rate ² |
|--------------------------|---------------------|---------------------------------|--|---|--|--|
| AET | 3,200 | 80.05% | 48.91% | 44.04% | 45.74% | 52.07% |
| BCC | 10,433 | 80.29% | 41.61% | 49.15% | 58.64% ⁺ | 56.93% |
| HAP | 1,478 | 84.18% | 46.96% | 46.47% | 44.77% | 53.28% |
| MCL | 9,605 | 77.86% | 56.45% | 37.71% | 54.74% | 50.85% |
| MER | 21,459 | 85.89% | 44.04% | 47.45% | 50.17% | 56.45% |
| MOL | 18,200 | 82.73% | 44.77% | 43.31% | 53.28% | 56.93% |
| PRI | 5,607 | 90.51% ⁺ | 28.47% ⁺ | 60.58% ⁺ | 63.02% ⁺ | 75.91% |
| THC | 2,877 | 77.62% | 52.31% | 40.39% | 41.85% | 47.45% |
| UNI | 12,831 | 83.21% | 34.79% ⁺ | 54.26% ⁺ | 55.23% | 63.75% |
| UPP | 2,373 | 87.59% | 29.93% ⁺ | 57.42% ⁺ | 61.07% ⁺ | 78.35% |
| HEDIS MY 2020 MWA | | 83.13% | 43.03% | 47.46% | 53.65% | 58.38% |
| HEDIS MY 2019 MWA | | 89.20% | 37.21% | 52.72% | 62.60% | — |
| HEDIS MY 2018 MWA | | 88.35% | 38.37% | 51.41% | 62.24% | — |

Yellow shading with one cross (+) indicates the HEDIS MY 2020 MHP or MWA rate was at or above the Quality Compass HEDIS MY 2019 MWA national Medicaid 50th percentile.

¹Due to changes in the technical specifications for this measure, NCQA recommends trending between MY 2020 and prior years be considered with caution.

²Due to changes in the technical specifications for this measure, NCQA recommends a break in trending between MY 2020 and prior years; therefore, prior years' rates will not be displayed and comparisons to benchmarks will not be performed for this measure.

Table A-17—MHP and MWA Results for Kidney Health Evaluation for People With Diabetes¹

| Plan | Ages 18 to 64 Years—Eligible Population | Ages 18 to 64 Years—Rate | Ages 65 to 74 Years—Eligible Population | Ages 65 to 74 Years—Rate | Ages 75 to 85 Years—Eligible Population | Ages 75 to 85 Years—Rate | Total—Eligible Population | Total—Rate |
|--------------------------|---|-----------------------------|---|-----------------------------|---|-----------------------------|------------------------------|---------------|
| AET | 2,404 | 15.43% | 582 | 19.24% | 165 | 15.76% | 3,151 | 16.15% |
| BCC | 9,938 | 26.81% | 107 | 32.71% | 36 | 2.78% | 10,081 | 26.78% |
| HAP | 917 | 30.86% | 444 | 34.23% | 147 | 30.61% | 1,508 | 31.83% |
| MCL | 9,382 | 26.56% | 61 | 27.87% | 12 | NA | 9,455 | 26.57% |
| MER | 20,205 | 31.06% | 488 | 36.07% | 127 | 35.43% | 20,820 | 31.21% |
| MOL | 16,193 | 30.64% | 1,319 | 33.74% | 312 | 34.29% | 17,824 | 30.94% |
| PRI | 5,031 | 38.84% | 430 | 31.63% | 110 | 36.36% | 5,571 | 38.23% |
| THC | 2,690 | 28.22% | 61 | 22.95% | 7 | NA | 2,758 | 28.03% |
| UNI | 11,922 | 35.65% | 423 | 35.70% | 83 | 40.96% | 12,428 | 35.69% |
| UPP | 2,046 | 34.80% | 238 | 38.66% | 72 | 27.78% | 2,356 | 34.97% |
| HEDIS MY 2020 MWA | | 30.63% | | 32.03% | | 29.97% | | 30.68% |
| HEDIS MY 2019 MWA | | — | | — | | — | | — |
| HEDIS MY 2018 MWA | | — | | — | | — | | — |

NA indicates that the MHP followed the specifications, but the denominator was too small (<30) to report a valid rate.

¹ This measure is a first-year measure; therefore, prior years' rates cannot be displayed and comparisons to benchmarks cannot be performed for this measure as benchmarks are not yet available.

Table A-18—MHP and MWA Results for Asthma Medication Ratio

| Plan | Eligible Population | Total—Rate |
|--------------------------|---------------------|---------------|
| AET | 647 | 50.39% |
| BCC | 3,014 | 50.13% |
| HAP | 67 | 46.27% |
| MCL | 3,938 | 53.48% |
| MER | 6,399 | 60.15% |
| MOL | 5,491 | 52.96% |
| PRI | 2,023 | 73.36% + |
| THC | 996 | 45.68% |
| UNI | 3,453 | 61.08% |
| UPP | 885 | 58.42% |
| HEDIS MY 2020 MWA | | 56.83% |
| HEDIS MY 2019 MWA | | 59.86% |
| HEDIS MY 2018 MWA | | 62.57% |

Yellow shading with one cross (+) indicates the HEDIS MY 2020 MHP or MWA rate was at or above the Quality Compass HEDIS MY 2019 MWA national Medicaid 50th percentile.

Table A-19—MHP and MWA Results for Controlling High Blood Pressure¹

| Plan | Eligible Population | Rate |
|--------------------------|---------------------|---------------|
| AET | 5,551 | 46.23% |
| BCC | 17,114 | 54.99% |
| HAP | 2,354 | 52.55% |
| MCL | 15,694 | 47.20% |
| MER | 35,068 | 51.82% |
| MOL | 29,787 | 50.85% |
| PRI | 8,735 | 74.94% |
| THC | 5,141 | 45.26% |
| UNI | 19,372 | 62.53% |
| UPP | 3,699 | 73.24% |
| HEDIS MY 2020 MWA | | 54.48% |
| HEDIS MY 2019 MWA | | — |
| HEDIS MY 2018 MWA | | — |

¹Due to changes in the technical specifications for this measure, NCQA recommends a break in trending between MY 2020 and prior years; therefore, prior years' rates will not be displayed and comparisons to benchmarks will not be performed for this measure.

Table A-20—MHP and MWA Results for Medical Assistance With Smoking and Tobacco Use Cessation

| Plan | Eligible Population | Advising Smokers and Tobacco Users to Quit—Rate | Discussing Cessation Medications—Rate | Discussing Cessation Strategies—Rate |
|--------------------------|---------------------|---|---------------------------------------|--------------------------------------|
| AET | 57,807 | 78.68% ⁺ | 57.87% ⁺ | 53.72% ⁺ |
| BCC | 255,790 | 79.29% ⁺ | 54.31% ⁺ | 49.74% ⁺ |
| HAP | 22,988 | 76.13% | 59.35% ⁺ | 53.80% ⁺ |
| MCL | 225,327 | 72.51% | 51.79% | 47.31% |
| MER | 498,053 | 75.72% | 56.12% ⁺ | 46.81% |
| MOL | 335,910 | 73.80% | 58.38% ⁺ | 51.35% ⁺ |
| PRI | 128,044 | 79.39% ⁺ | 56.29% ⁺ | 51.22% ⁺ |
| THC | 50,976 | 88.84% ⁺ | 69.51% ⁺ | 60.09% ⁺ |
| UNI | 257,152 | 80.79% ⁺ | 60.12% ⁺ | 52.02% ⁺ |
| UPP | 55,499 | 79.50% ⁺ | 63.00% ⁺ | 56.03% ⁺ |
| HEDIS MY 2020 MWA | | 76.98% | 56.97%⁺ | 50.01%⁺ |
| HEDIS MY 2019 MWA | | 80.64% | 59.18% | 51.56% |
| HEDIS MY 2018 MWA | | 81.34% | 58.38% | 48.98% |

Yellow shading with one cross (+) indicates the HEDIS MY 2020 MHP or MWA rate was at or above the Quality Compass HEDIS MY 2019 MWA national Medicaid 50th percentile.

Table A-21—MHP and MWA Results for Antidepressant Medication Management

| Plan | Eligible Population | Effective Acute Phase Treatment—Rate | Effective Continuation Phase Treatment—Rate |
|--------------------------|---------------------|--------------------------------------|---|
| AET | 795 | 51.32% | 37.48% |
| BCC | 4,364 | 62.35% ⁺ | 47.14% ⁺ |
| HAP | 153 | 70.59% ⁺ | 47.06% ⁺ |
| MCL | 5,196 | 63.95% ⁺ | 48.85% ⁺ |
| MER | 4,582 | 50.48% | 33.33% |
| MOL | 6,238 | 61.61% ⁺ | 43.83% ⁺ |
| PRI | 1,203 | 62.76% ⁺ | 45.30% ⁺ |
| THC | 841 | 69.08% ⁺ | 56.84% ⁺ |
| UNI | 4,475 | 54.48% ⁺ | 38.21% ⁺ |
| UPP | 573 | 62.13% ⁺ | 44.50% ⁺ |
| HEDIS MY 2020 MWA | | 59.28%⁺ | 42.98%⁺ |
| HEDIS MY 2019 MWA | | 54.97% | 38.77% |
| HEDIS MY 2018 MWA | | 55.75% | 39.46% |

Yellow shading with one cross (+) indicates the HEDIS MY 2020 MHP or MWA rate was at or above the Quality Compass HEDIS MY 2019 MWA national Medicaid 50th percentile.

Table A-22—MHP and MWA Results for Diabetes Screening for People With Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications

| Plan | Eligible Population | Rate |
|--------------------------|---------------------|---------------------|
| AET | 1,066 | 62.95% |
| BCC | 2,199 | 80.17% |
| HAP | 309 | 71.52% |
| MCL | 4,297 | 74.61% |
| MER | 3,074 | 81.52% |
| MOL | 4,336 | 78.55% |
| PRI | 692 | 80.64% |
| THC | 498 | 82.53% ⁺ |
| UNI | 2,419 | 80.12% |
| UPP | 783 | 85.06% ⁺ |
| HEDIS MY 2020 MWA | | 78.01% |
| HEDIS MY 2019 MWA | | 84.38% |
| HEDIS MY 2018 MWA | | 84.22% |

Yellow shading with one cross (+) indicates the HEDIS MY 2020 MHP or MWA rate was at or above the Quality Compass HEDIS MY 2019 MWA national Medicaid 50th percentile.

Table A-23—MHP and MWA Results for Diabetes Monitoring for People With Diabetes and Schizophrenia

| Plan | Eligible Population | Rate |
|--------------------------|---------------------|---------------------|
| AET | 181 | 52.49% |
| BCC | 195 | 66.67% |
| HAP | 63 | 66.67% |
| MCL | 323 | 60.37% |
| MER | 443 | 61.17% |
| MOL | 706 | 62.18% |
| PRI | 100 | 61.00% |
| THC | 72 | 58.33% |
| UNI | 323 | 61.61% |
| UPP | 85 | 82.35% ⁺ |
| HEDIS MY 2020 MWA | | 61.98% |
| HEDIS MY 2019 MWA | | 68.31% |
| HEDIS MY 2018 MWA | | 70.56% |

Yellow shading with one cross (+) indicates the HEDIS MY 2020 MHP or MWA rate was at or above the Quality Compass HEDIS MY 2019 MWA national Medicaid 50th percentile.

Table A-24—MHP and MWA Results for Cardiovascular Monitoring for People With Cardiovascular Disease and Schizophrenia

| Plan | Eligible Population | Rate |
|--------------------------|---------------------|---------------|
| AET | 25 | NA |
| BCC | 20 | NA |
| HAP | 9 | NA |
| MCL | 45 | 51.11% |
| MER | 63 | 61.90% |
| MOL | 110 | 67.27% |
| PRI | 9 | NA |
| THC | 19 | NA |
| UNI | 56 | 67.86% |
| UPP | 12 | NA |
| HEDIS MY 2020 MWA | | 64.95% |
| HEDIS MY 2019 MWA | | 73.16% |
| HEDIS MY 2018 MWA | | 76.26% |

NA indicates that the MHP followed the specifications, but the denominator was too small (<30) to report a valid rate.

**Table A-25—MHP and MWA Results for Adherence to Antipsychotic Medications
for Individuals With Schizophrenia**

| Plan | Eligible Population | Rate |
|--------------------------|------------------------|---------------------------|
| AET | 831 | 63.54% ⁺ |
| BCC | 837 | 58.66% |
| HAP | 246 | 65.04% ⁺ |
| MCL | 1,611 | 71.26% ⁺ |
| MER | 992 | 68.04% ⁺ |
| MOL | 2,405 | 71.35% ⁺ |
| PRI | 256 | 72.27% ⁺ |
| THC | 294 | 53.40% |
| UNI | 1,087 | 65.78% ⁺ |
| UPP | 360 | 84.72% ⁺ |
| HEDIS MY 2020 MWA | | 68.17%⁺ |
| HEDIS MY 2019 MWA | | 59.26% |
| HEDIS MY 2018 MWA | | 64.91% |

Yellow shading with one cross (+) indicates the HEDIS MY 2020 MHP or MWA rate was at or above the Quality Compass HEDIS MY 2019 MWA national Medicaid 50th percentile.

Health Plan Diversity and Utilization Measure Results

The Health Plan Diversity and Utilization measures' MHP and MWA results are presented in tabular format in Section 9 and Section 10 of this report.

Appendix B. Trend Tables

Appendix B includes trend tables for the MHPs. Where applicable, each measure's HEDIS MY 2018, HEDIS MY 2019, and HEDIS MY 2020 rates are presented as well as the HEDIS MY 2019 to HEDIS MY 2020 rate comparison and the HEDIS MY 2020 Performance Level. HEDIS MY 2019 and HEDIS MY 2020 rates were compared based on a Chi-square test of statistical significance with a p value <0.05 . Values in the MY 2019–MY 2020 Comparison column that are shaded green with one cross (+) indicate significant improvement from the previous year. Values in the MY 2019–MY 2020 Comparison column shaded red with two crosses (++) indicate a significant decline in performance from the previous year.

Details regarding the trend analysis and performance ratings are found in Section 2.

Table B-1—AET Trend Table

| Measure | HEDIS MY 2018 | HEDIS MY 2019 | HEDIS MY 2020 | MY 2019–MY 2020 Comparison ¹ | MY 2020 Performance Level ² |
|---|---------------|---------------|---------------|---|--|
| Child & Adolescent Care | | | | | |
| Childhood Immunization Status | | | | | |
| Combination 2 | 63.02% | 63.02% | 52.66% | -10.36 ⁺⁺ | ★ |
| Combination 3 | 58.64% | 58.64% | 49.38% | -9.26 ⁺⁺ | ★ |
| Combination 4 | 58.39% | 58.39% | 48.75% | -9.64 ⁺⁺ | ★ |
| Combination 5 | 46.47% | 46.47% | 41.25% | -5.22 | ★ |
| Combination 6 | 29.68% | 29.68% | 21.41% | -8.27 ⁺⁺ | ★ |
| Combination 7 | 46.47% | 46.47% | 40.63% | -5.84 | ★ |
| Combination 8 | 29.68% | 29.68% | 21.41% | -8.27 ⁺⁺ | ★ |
| Combination 9 | 23.84% | 23.84% | 18.13% | -5.71 ⁺⁺ | ★ |
| Combination 10 | 23.84% | 23.84% | 18.13% | -5.71 ⁺⁺ | ★ |
| Well-Child Visits in the First 30 Months of Life | | | | | |
| Well-Child Visits in the First 15 Months—Six or More Well-Child Visits ⁴ | — | — | 41.63% | NC | NC |
| Well-Child Visits for Age 15 Months to 30 Months—Two or More Well-Child Visits ⁵ | — | — | 52.61% | NC | NC |
| Lead Screening in Children | | | | | |
| Lead Screening in Children | 76.40% | 76.40% | 62.83% | -13.57 ⁺⁺ | ★ |
| Child and Adolescent Well-Care Visits⁴ | | | | | |
| Ages 3 to 11 Years | — | — | 41.17% | NC | NC |
| Ages 12 to 17 Years | — | — | 32.25% | NC | NC |
| Ages 18 to 21 Years | — | — | 21.59% | NC | NC |
| Total | — | — | 34.76% | NC | NC |
| Immunizations for Adolescents | | | | | |
| Combination 1 (Meningococcal, Tdap) | 88.56% | 88.56% | 79.56% | -9.00 ⁺⁺ | ★★ |
| Combination 2 (Meningococcal, Tdap, HPV) | — | 37.96% | 37.23% | -0.73 | ★★★ |
| Follow-Up Care for Children Prescribed ADHD Medication³ | | | | | |
| Initiation Phase | 25.11% | 27.78% | 36.53% | +8.75 | ★ |

| Measure | HEDIS MY 2018 | HEDIS MY 2019 | HEDIS MY 2020 | MY 2019–MY 2020 Comparison ¹ | MY 2020 Performance Level ² |
|---|---------------|---------------|---------------|---|--|
| Continuation and Maintenance Phase | 44.74% | 52.63% | 45.95% | -6.68 | ★ |
| Women—Adult Care | | | | | |
| Chlamydia Screening in Women | | | | | |
| Ages 16 to 20 Years | 67.86% | 60.39% | 57.01% | -3.38 | ★★★ |
| Ages 21 to 24 Years | 69.88% | 69.84% | 63.88% | -5.96 ⁺⁺ | ★★ |
| Total | 68.65% | 64.27% | 60.30% | -3.97 ⁺⁺ | ★★★ |
| Cervical Cancer Screening³ | | | | | |
| Cervical Cancer Screening | 60.51% | 60.51% | 54.01% | -6.50 | ★ |
| Breast Cancer Screening³ | | | | | |
| Breast Cancer Screening | 54.55% | 54.38% | 50.35% | -4.03 ⁺⁺ | ★ |
| Access to Care | | | | | |
| Adults' Access to Preventive/Ambulatory Health Services | | | | | |
| Ages 20 to 44 Years | 69.67% | 72.86% | 65.40% | -7.46 ⁺⁺ | ★ |
| Ages 45 to 64 Years | 83.50% | 84.44% | 79.70% | -4.74 ⁺⁺ | ★ |
| 65 Years and Older | 89.86% | 89.72% | 87.72% | -2.00 ⁺⁺ | ★★ |
| Total | 77.52% | 79.50% | 72.90% | -6.60 ⁺⁺ | ★ |
| Avoidance of Antibiotic Treatment for Acute Bronchitis/Bronchiolitis | | | | | |
| Ages 3 Months to 17 Years | — | 54.25% | 61.25% | +7.00 ⁺ | ★★★ |
| Ages 18 to 64 Years | — | 35.34% | 43.03% | +7.69 ⁺ | ★★★★ |
| Ages 65 Years and Older | — | 25.93% | 28.36% | +2.43 | ★★ |
| Total | — | 42.53% | 48.75% | +6.22 ⁺ | ★★ |
| Appropriate Testing for Pharyngitis³ | | | | | |
| Ages 3 to 17 Years | — | 67.21% | 68.58% | +1.37 | ★ |
| Ages 18 to 64 Years | — | 51.61% | 49.81% | -1.80 | ★ |
| Ages 65 Years and Older | — | NA | NA | NC | NC |
| Total | — | 60.09% | 59.23% | -0.86 | ★ |
| Appropriate Treatment for Upper Respiratory Infection | | | | | |
| Ages 3 Months to 17 Years | — | 91.36% | 91.28% | -0.08 | ★★ |
| Ages 18 to 64 Years | — | 74.70% | 80.28% | +5.58 ⁺ | ★★★ |
| Ages 65 Years and Older | — | 61.90% | 70.00% | +8.10 | ★★ |
| Total | — | 85.73% | 87.04% | +1.31 | ★★ |

| Measure | HEDIS MY 2018 | HEDIS MY 2019 | HEDIS MY 2020 | MY 2019–MY 2020 Comparison ¹ | MY 2020 Performance Level ² |
|--|---------------|---------------|---------------|---|--|
| Obesity | | | | | |
| Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents | | | | | |
| Body Mass index (BMI) Percentile—Total ³ | 87.23% | 87.23% | 80.29% | -6.94 ⁺⁺ | ★★ |
| Counseling for Nutrition—Total | 81.65% | 81.65% | 72.02% | -9.63 ⁺⁺ | ★★★ |
| Counseling for Physical Activity—Total | 78.72% | 78.72% | 68.61% | -10.11 ⁺⁺ | ★★★ |
| Pregnancy Care | | | | | |
| Prenatal and Postpartum Care³ | | | | | |
| Timeliness of Prenatal Care | — | 70.07% | 68.86% | -1.21 | ★ |
| Postpartum Care | — | 63.02% | 54.01% | -9.01 ⁺⁺ | ★ |
| Living With Illness | | | | | |
| Comprehensive Diabetes Care | | | | | |
| Hemoglobin A1c (HbA1c) Testing ³ | 84.43% | 84.43% | 80.05% | -4.38 | ★ |
| HbA1c Poor Control (>9.0%)* ³ | 38.93% | 38.93% | 48.91% | +9.98 ⁺⁺ | ★ |
| HbA1c Control (<8.0%)* ³ | 52.31% | 52.31% | 44.04% | -8.27 ⁺⁺ | ★ |
| Eye Exam (Retinal) Performed ³ | 54.50% | 54.50% | 45.74% | -8.76 ⁺⁺ | ★ |
| Blood Pressure Control (<140/90 mm Hg) ⁴ | — | — | 52.07% | NC | NC |
| Kidney Health Evaluation for Patients With Diabetes⁵ | | | | | |
| Ages 18 to 64 Years | — | — | 15.43% | NC | NC |
| Ages 65 to 74 Years | — | — | 19.24% | NC | NC |
| Ages 75 to 85 Years | — | — | 15.76% | NC | NC |
| Total | — | — | 16.15% | NC | NC |
| Asthma Medication Ratio | | | | | |
| Total | 52.42% | 50.22% | 50.39% | +0.17 | ★ |
| Controlling High Blood Pressure⁴ | | | | | |
| Controlling High Blood Pressure | — | — | 46.23% | NC | NC |
| Medical Assistance With Smoking and Tobacco Use Cessation | | | | | |
| Advising Smokers and Tobacco Users to Quit | 85.14% | 85.78% | 78.68% | -7.10 | ★★★ |

| Measure | HEDIS MY 2018 | HEDIS MY 2019 | HEDIS MY 2020 | MY 2019–MY 2020 Comparison ¹ | MY 2020 Performance Level ² |
|---|---------------|---------------|---------------|---|--|
| Discussing Cessation Medications | 63.71% | 60.00% | 57.87% | -2.13 | ★★★ |
| Discussing Cessation Strategies | 56.10% | 54.05% | 53.72% | -0.33 | ★★★ |
| Antidepressant Medication Management | | | | | |
| Effective Acute Phase Treatment | 53.29% | 49.93% | 51.32% | +1.39 | ★★ |
| Effective Continuation Phase Treatment | 35.48% | 36.45% | 37.48% | +1.03 | ★★ |
| Diabetes Screening for People With Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications | | | | | |
| Diabetes Screening for People With Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications | 78.64% | 74.64% | 62.95% | -11.69 ⁺⁺ | ★ |
| Diabetes Monitoring for People With Diabetes and Schizophrenia | | | | | |
| Diabetes Monitoring for People With Diabetes and Schizophrenia | 67.48% | 48.80% | 52.49% | +3.69 | ★ |
| Cardiovascular Monitoring for People With Cardiovascular Disease and Schizophrenia | | | | | |
| Cardiovascular Monitoring for People With Cardiovascular Disease and Schizophrenia | NA | NA | NA | NC | NC |
| Adherence to Antipsychotic Medications for Individuals With Schizophrenia | | | | | |
| Adherence to Antipsychotic Medications for Individuals With Schizophrenia | 60.61% | 60.36% | 63.54% | +3.18 | ★★★ |
| Health Plan Diversity⁵ | | | | | |
| Race/Ethnicity Diversity of Membership | | | | | |
| Total—White | 25.44% | 30.77% | 32.58% | +1.81 | NC |
| Total—Black or African American | 63.29% | 55.54% | 53.80% | -1.74 | NC |
| Total—American-Indian and Alaska Native | 0.20% | 0.26% | 0.19% | -0.07 | NC |
| Total—Asian | 0.69% | 1.82% | 1.16% | -0.66 | NC |

| Measure | HEDIS MY 2018 | HEDIS MY 2019 | HEDIS MY 2020 | MY 2019—MY 2020 Comparison ¹ | MY 2020 Performance Level ² |
|---|---------------|---------------|---------------|---|--|
| Total—Native Hawaiian and Other Pacific Islander | 0.05% | 0.08% | 0.08% | 0.00 | NC |
| Total—Some Other Race | 0.00% | 0.00% | 0.00% | 0.00 | NC |
| Total—Two or More Races | 0.00% | 0.00% | 0.00% | 0.00 | NC |
| Total—Unknown ³ | 4.19% | 4.78% | 6.03% | +1.25 | NC |
| Total—Declined ³ | 6.13% | 6.76% | 6.16% | -0.60 | NC |
| Total—Hispanic or Latino ³ | 3.05% | 3.40% | 3.62% | +0.22 | NC |
| Language Diversity of Membership | | | | | |
| Spoken Language Preferred for Health Care—English | 0.00% | 0.00% | 0.00% | 0.00 | NC |
| Spoken Language Preferred for Health Care—Non-English | 0.00% | 0.00% | 0.00% | 0.00 | NC |
| Spoken Language Preferred for Health Care—Unknown | 100.00% | 100.00% | 100.00% | 0.00 | NC |
| Spoken Language Preferred for Health Care—Declined | 0.00% | 0.00% | 0.00% | 0.00 | NC |
| Language Preferred for Written Materials—English | 0.00% | 0.00% | 0.00% | 0.00 | NC |
| Language Preferred for Written Materials—Non-English | 0.00% | 0.00% | 0.00% | 0.00 | NC |
| Language Preferred for Written Materials—Unknown | 100.00% | 100.00% | 100.00% | 0.00 | NC |
| Language Preferred for Written Materials—Declined | 0.00% | 0.00% | 0.00% | 0.00 | NC |
| Other Language Needs—English | 99.06% | 98.26% | 97.73% | -0.53 | NC |
| Other Language Needs—Non-English | 0.67% | 0.97% | 0.99% | +0.02 | NC |
| Other Language Needs—Unknown | 0.28% | 0.78% | 1.28% | +0.50 | NC |

| Measure | HEDIS MY 2018 | HEDIS MY 2019 | HEDIS MY 2020 | MY 2019—MY 2020 Comparison ¹ | MY 2020 Performance Level ² |
|---|---------------|---------------|---------------|---|--|
| Other Language Needs—Declined | 0.00% | 0.00% | 0.00% | 0.00 | NC |
| Utilization⁶ | | | | | |
| Ambulatory Care—Total (Per 1,000 Member Months) | | | | | |
| Emergency Department Visits—Total* | 80.69 | 75.36 | 55.97 | -19.39 | ★★★★ |
| Outpatient Visits—Total | 388.39 | 590.74 | 550.95 | -39.79 | NC |
| Inpatient Utilization—General Hospital/Acute Care—Total | | | | | |
| Discharges per 1,000 Member Months—Total Inpatient—Total All Ages | 10.02 | 11.95 | 10.53 | -1.42 | NC |
| Average Length of Stay—Total Inpatient—Total All Ages | 4.89 | 5.41 | 5.60 | +0.19 | NC |
| Discharges per 1,000 Member Months—Maternity—Total All Ages | 2.19 | 2.39 | 2.32 | -0.07 | NC |
| Average Length of Stay—Maternity—Total All Ages | 2.66 | 2.72 | 2.58 | -0.14 | NC |
| Discharges per 1,000 Member Months—Surgery—Total All Ages | 2.52 | 2.91 | 2.50 | -0.41 | NC |
| Average Length of Stay—Surgery—Total All Ages | 7.48 | 7.91 | 9.05 | +1.14 | NC |
| Discharges per 1,000 Member Months—Medicine—Total All Ages | 5.93 | 7.33 | 6.34 | -0.99 | NC |
| Average Length of Stay—Medicine—Total All Ages | 4.38 | 5.05 | 5.05 | 0.00 | NC |
| Use of Opioids From Multiple Providers*³ | | | | | |
| Multiple Prescribers | 15.90% | 15.69% | 14.94% | -0.75 | ★★★★ |
| Multiple Pharmacies | 12.05% | 16.15% | 3.43% | -12.72 ⁺ | ★★★★ |
| Multiple Prescribers and Multiple Pharmacies | 4.34% | 4.60% | 2.23% | -2.37 ⁺ | ★★★★ |
| Use of Opioids at High Dosage*³ | | | | | |
| Use of Opioids at High Dosage* | — | 3.30% | 2.53% | -0.77 | ★★★★ |

| Measure | HEDIS MY 2018 | HEDIS MY 2019 | HEDIS MY 2020 | MY 2019–MY 2020 Comparison ¹ | MY 2020 Performance Level ² |
|---|---------------|---------------|---------------|---|--|
| Risk of Continued Opioid Use^{*,3} | | | | | |
| At Least 15 Days Covered—Total | 23.40% | 18.46% | 16.92% | -1.54 | ★ |
| At Least 31 Days Covered—Total | 9.32% | 9.21% | 9.03% | -0.18 | ★ |
| Plan All-Cause Readmissions | | | | | |
| Observed Readmissions—Total* | — | 10.10% | 11.42% | +1.32 | ★ |
| Expected Readmissions—Total* | — | 9.36% | 9.91% | +0.55 | ★★ |
| O/E Ratio—Total* | — | 1.08 | 1.15 | +0.07 ⁺⁺ | ★ |

¹HEDIS MY 2019 to HEDIS MY 2020 comparisons were based on a Chi-square test of statistical significance with a p value of <0.05. MY 2019–MY 2020 Comparisons shaded green with one cross (+) indicate significant improvement from the previous year. MY 2019–MY 2020 Comparisons shaded red with two crosses (++) indicate a significant decline in performance from the previous year.

²HEDIS MY 2020 Performance Levels were based on comparisons of the HEDIS MY 2020 measure indicator rates to national Medicaid Quality Compass HEDIS MY 2019 benchmarks, with the exception of the Plan All-Cause Readmissions measure indicator rates, which were compared to the national Medicaid NCQA Audit Means and Percentiles HEDIS MY 2019 benchmark.

³Due to changes in the technical specifications for this measure, NCQA recommends trending between MY 2020 and prior years be considered with caution.

⁴Due to changes in the technical specifications for this measure, NCQA recommends a break in trending between MY 2020 and prior years; therefore, prior years' rates are not displayed and comparisons to benchmarks are not performed for this measure.

⁵This measure is a first-year measure; therefore, the prior year's rates cannot be displayed and comparisons to benchmarks cannot be performed for this measure as benchmarks are not yet available.

⁶Significance testing was not performed for utilization-based or health plan description measure indicator rates and any Performance Levels for MY 2020 or MY 2019–MY 2020 Comparisons provided for these measures are for information purposes only.

* For this indicator, a lower rate indicates better performance.

— indicates that the rate is not presented in this report as the measure is a first-year measure; therefore, no trending information is available. This symbol may also indicate that NCQA recommended a break in trending; therefore, no prior year rates are displayed.

NC indicates that a comparison is not appropriate, or the measure did not have an applicable benchmark. NA indicates that the MHP followed the specifications, but the denominator was too small (<30) to report a valid rate.

HEDIS MY 2020 Performance Levels represent the following percentile comparisons:

★★★★★ = 90th percentile and above

★★★★ = 75th to 89th percentile

★★★ = 50th to 74th percentile

★★ = 25th to 49th percentile

★ = Below 25th percentile

Table B-2—BCC Trend Table

| Measure | HEDIS MY 2018 | HEDIS MY 2019 | HEDIS MY 2020 | MY 2019–MY 2020 Comparison ¹ | MY 2020 Performance Level ² |
|---|---------------|---------------|---------------|---|--|
| Child & Adolescent Care | | | | | |
| Childhood Immunization Status | | | | | |
| Combination 2 | 70.32% | 72.02% | 64.96% | -7.06 ⁺⁺ | ★ |
| Combination 3 | 66.67% | 67.15% | 62.53% | -4.62 | ★ |
| Combination 4 | 66.18% | 66.42% | 61.80% | -4.62 | ★ |
| Combination 5 | 53.04% | 59.61% | 53.04% | -6.57 | ★ |
| Combination 6 | 36.01% | 36.50% | 37.71% | +1.21 | ★★ |
| Combination 7 | 52.80% | 59.37% | 52.55% | -6.82 ⁺⁺ | ★ |
| Combination 8 | 36.01% | 36.50% | 37.71% | +1.21 | ★★ |
| Combination 9 | 30.17% | 34.55% | 31.39% | -3.16 | ★★ |
| Combination 10 | 30.17% | 34.55% | 31.39% | -3.16 | ★★ |
| Well-Child Visits in the First 30 Months of Life | | | | | |
| Well-Child Visits in the First 15 Months—Six or More Well-Child Visits ⁴ | — | — | 64.39% | NC | NC |
| Well-Child Visits for Age 15 Months to 30 Months—Two or More Well-Child Visits ⁵ | — | — | 66.84% | NC | NC |
| Lead Screening in Children | | | | | |
| Lead Screening in Children | 76.16% | 74.94% | 71.53% | -3.41 | ★★ |
| Child and Adolescent Well-Care Visits⁴ | | | | | |
| Ages 3 to 11 Years | — | — | 50.56% | NC | NC |
| Ages 12 to 17 Years | — | — | 40.79% | NC | NC |
| Ages 18 to 21 Years | — | — | 27.43% | NC | NC |
| Total | — | — | 43.71% | NC | NC |
| Immunizations for Adolescents | | | | | |
| Combination 1 (Meningococcal, Tdap) | 82.24% | 80.05% | 82.00% | +1.95 | ★★ |
| Combination 2 (Meningococcal, Tdap, HPV) | — | 39.42% | 34.06% | -5.36 | ★★ |
| Follow-Up Care for Children Prescribed ADHD Medication³ | | | | | |
| Initiation Phase | 44.44% | 45.45% | 48.33% | +2.88 | ★★★★ |
| Continuation and Maintenance Phase | 55.26% | 58.26% | 68.62% | +10.36 ⁺ | ★★★★★ |

| Measure | HEDIS MY 2018 | HEDIS MY 2019 | HEDIS MY 2020 | MY 2019–MY 2020 Comparison ¹ | MY 2020 Performance Level ² |
|--|---------------|---------------|---------------|---|--|
| Women—Adult Care | | | | | |
| Chlamydia Screening in Women | | | | | |
| Ages 16 to 20 Years | 65.45% | 65.99% | 58.99% | -7.00 ⁺⁺ | ★★★ |
| Ages 21 to 24 Years | 69.62% | 69.35% | 64.86% | -4.49 ⁺⁺ | ★★ |
| Total | 67.58% | 67.67% | 61.98% | -5.69 ⁺⁺ | ★★★ |
| Cervical Cancer Screening³ | | | | | |
| Cervical Cancer Screening | 69.10% | 69.10% | 60.73% | -8.37 ⁺⁺ | ★★ |
| Breast Cancer Screening³ | | | | | |
| Breast Cancer Screening | 58.63% | 59.22% | 55.48% | -3.74 ⁺⁺ | ★★ |
| Access to Care | | | | | |
| Adults' Access to Preventive/Ambulatory Health Services | | | | | |
| Ages 20 to 44 Years | 75.71% | 77.99% | 74.84% | -3.15 ⁺⁺ | ★★ |
| Ages 45 to 64 Years | 83.78% | 84.70% | 82.29% | -2.41 ⁺⁺ | ★ |
| 65 Years and Older | 84.21% | 82.23% | 71.52% | -10.71 ⁺⁺ | ★ |
| Total | 78.84% | 80.57% | 77.48% | -3.09 ⁺⁺ | ★★ |
| Avoidance of Antibiotic Treatment for Acute Bronchitis/Bronchiolitis⁴ | | | | | |
| Ages 3 Months to 17 Years | — | 61.98% | 62.81% | +0.83 | ★★★ |
| Ages 18 to 64 Years | — | 36.29% | 38.45% | +2.16 | ★★★ |
| Ages 65 Years and Older | — | NA | NA | NC | NC |
| Total | — | 47.17% | 49.46% | +2.29 ⁺ | ★★ |
| Appropriate Testing for Pharyngitis³ | | | | | |
| Ages 3 to 17 Years | — | 76.04% | 75.69% | -0.35 | ★ |
| Ages 18 to 64 Years | — | 55.99% | 54.39% | -1.60 | ★ |
| Ages 65 Years and Older | — | NA | NA | NC | NC |
| Total | — | 67.07% | 65.57% | -1.50 ⁺⁺ | ★ |
| Appropriate Treatment for Upper Respiratory Infection⁴ | | | | | |
| Ages 3 Months to 17 Years | — | 91.40% | 91.91% | +0.51 | ★★★ |
| Ages 18 to 64 Years | — | 73.71% | 76.51% | +2.80 ⁺ | ★★★ |
| Ages 65 Years and Older | — | NA | NA | NC | NC |
| Total | — | 85.65% | 86.34% | +0.69 ⁺ | ★★ |
| Obesity | | | | | |
| Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents | | | | | |
| Body Mass Index (BMI) Percentile—Total ³ | 86.62% | 87.21% | 78.14% | -9.07 ⁺⁺ | ★★ |
| Counseling for Nutrition—Total | 78.35% | 80.00% | 64.87% | -15.13 ⁺⁺ | ★★ |

| Measure | HEDIS MY 2018 | HEDIS MY 2019 | HEDIS MY 2020 | MY 2019–MY 2020 Comparison ¹ | MY 2020 Performance Level ² |
|--|---------------|---------------|---------------|---|--|
| Counseling for Physical Activity—Total | 76.16% | 79.02% | 63.80% | -15.22 ⁺⁺ | ★★ |
| Pregnancy Care | | | | | |
| Prenatal and Postpartum Care³ | | | | | |
| Timeliness of Prenatal Care | — | 78.83% | 78.91% | +0.08 | ★ |
| Postpartum Care | — | 71.78% | 71.09% | -0.69 | ★ |
| Living With Illness | | | | | |
| Comprehensive Diabetes Care | | | | | |
| Hemoglobin A1c (HbA1c) Testing ³ | 85.16% | 88.32% | 80.29% | -8.03 ⁺⁺ | ★ |
| HbA1c Poor Control (>9.0%)* ³ | 44.77% | 42.34% | 41.61% | -0.73 | ★★ |
| HbA1c Control (<8.0%)* ³ | 43.80% | 48.18% | 49.15% | +0.97 | ★★ |
| Eye Exam (Retinal) Performed ³ | 57.42% | 59.85% | 58.64% | -1.21 | ★★★ |
| Blood Pressure Control (<140/90 mm Hg) ⁴ | — | — | 56.93% | NC | NC |
| Kidney Health Evaluation for Patients With Diabetes⁵ | | | | | |
| Ages 18 to 64 Years | — | — | 26.81% | NC | NC |
| Ages 65 to 74 Years | — | — | 32.71% | NC | NC |
| Ages 75 to 85 Years | — | — | 2.78% | NC | NC |
| Total | — | — | 26.78% | NC | NC |
| Asthma Medication Ratio | | | | | |
| Total | 64.02% | 57.31% | 50.13% | -7.18 ⁺⁺ | ★ |
| Controlling High Blood Pressure⁴ | | | | | |
| Controlling High Blood Pressure | — | — | 54.99% | NC | NC |
| Medical Assistance With Smoking and Tobacco Use Cessation | | | | | |
| Advising Smokers and Tobacco Users to Quit | 82.89% | 85.23% | 79.29% | -5.94 | ★★★ |
| Discussing Cessation Medications | 60.35% | 65.14% | 54.31% | -10.83 ⁺⁺ | ★★★ |
| Discussing Cessation Strategies | 51.54% | 56.07% | 49.74% | -6.33 | ★★★ |
| Antidepressant Medication Management | | | | | |
| 55.52% | 62.04% | 62.35% | +0.31 | ★★★★ | 55.52% |
| 39.14% | 46.27% | 47.14% | +0.87 | ★★★★ | 39.14% |

| Measure | HEDIS MY 2018 | HEDIS MY 2019 | HEDIS MY 2020 | MY 2019–MY 2020 Comparison ¹ | MY 2020 Performance Level ² |
|---|---------------|---------------|---------------|---|--|
| Diabetes Screening for People With Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications | | | | | |
| Diabetes Screening for People With Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications | 86.23% | 85.24% | 80.17% | -5.07 ⁺⁺ | ★★ |
| Diabetes Monitoring for People With Diabetes and Schizophrenia | | | | | |
| Diabetes Monitoring for People With Diabetes and Schizophrenia | 60.80% | 72.16% | 66.67% | -5.49 | ★ |
| Cardiovascular Monitoring for People With Cardiovascular Disease and Schizophrenia | | | | | |
| Cardiovascular Monitoring for People With Cardiovascular Disease and Schizophrenia | NA | NA | NA | NC | NC |
| Adherence to Antipsychotic Medications for Individuals With Schizophrenia | | | | | |
| Adherence to Antipsychotic Medications for Individuals With Schizophrenia | 55.33% | 56.98% | 58.66% | +1.68 | ★★ |
| Health Plan Diversity⁵ | | | | | |
| Race/Ethnicity Diversity of Membership | | | | | |
| Total—White | 45.97% | 46.23% | 46.98% | +0.75 | NC |
| Total—Black or African American | 35.95% | 35.41% | 34.60% | -0.81 | NC |
| Total—American-Indian and Alaska Native | 0.67% | 0.75% | 1.01% | +0.26 | NC |
| Total—Asian | 1.64% | 2.01% | 1.77% | -0.24 | NC |
| Total—Native Hawaiian and Other Pacific Islander | 2.85% | 3.22% | 3.26% | +0.04 | NC |
| Total—Some Other Race | 0.00% | 0.00% | 0.00% | 0.00 | NC |
| Total—Two or More Races | 0.03% | 0.04% | 0.04% | 0.00 | NC |
| Total—Unknown ³ | 12.88% | 12.34% | 12.35% | +0.01 | NC |
| Total—Declined ³ | 0.00% | 0.00% | 0.00% | 0.00 | NC |
| Total—Hispanic or Latino ³ | 3.16% | 3.32% | 3.11% | -0.21 | NC |
| Language Diversity of Membership | | | | | |
| Spoken Language Preferred for Health Care—English | 98.40% | 98.35% | 98.39% | +0.04 | NC |

| Measure | HEDIS MY 2018 | HEDIS MY 2019 | HEDIS MY 2020 | MY 2019–MY 2020 Comparison ¹ | MY 2020 Performance Level ² |
|--|---------------|---------------|---------------|---|--|
| <i>Spoken Language Preferred for Health Care—Non-English</i> | 1.59% | 1.65% | 1.61% | -0.04 | NC |
| <i>Spoken Language Preferred for Health Care—Unknown</i> | 0.01% | 0.00% | 0.01% | +0.01 | NC |
| <i>Spoken Language Preferred for Health Care—Declined</i> | 0.00% | 0.00% | 0.00% | 0.00 | NC |
| <i>Language Preferred for Written Materials—English</i> | 98.39% | 98.32% | 98.38% | +0.06 | NC |
| <i>Language Preferred for Written Materials—Non-English</i> | 1.60% | 1.68% | 1.62% | -0.06 | NC |
| <i>Language Preferred for Written Materials—Unknown</i> | 0.01% | 0.00% | 0.01% | +0.01 | NC |
| <i>Language Preferred for Written Materials—Declined</i> | 0.00% | 0.00% | 0.00% | 0.00 | NC |
| <i>Other Language Needs—English</i> | 98.78% | 98.75% | 98.80% | +0.05 | NC |
| <i>Other Language Needs—Non-English</i> | 1.20% | 1.24% | 1.19% | -0.05 | NC |
| <i>Other Language Needs—Unknown</i> | 0.01% | 0.01% | 0.01% | 0.00 | NC |
| <i>Other Language Needs—Declined</i> | 0.00% | 0.00% | 0.00% | 0.00 | NC |
| Utilization⁶ | | | | | |
| Ambulatory Care—Total (Per 1,000 Member Months) | | | | | |
| <i>Emergency Department Visits—Total*</i> | 62.97 | 62.86 | 44.38 | -18.48 | ★★★★ |
| <i>Outpatient Visits—Total</i> | 388.15 | 393.07 | 334.57 | -58.50 | NC |
| Inpatient Utilization—General Hospital/Acute Care—Total | | | | | |
| <i>Discharges per 1,000 Member Months—Total Inpatient—Total All Ages</i> | 7.24 | 7.23 | 6.18 | -1.05 | NC |
| <i>Average Length of Stay—Total Inpatient—Total All Ages</i> | 4.00 | 4.09 | 4.40 | +0.31 | NC |
| <i>Discharges per 1,000 Member Months—Maternity—Total All Ages</i> | 2.68 | 2.73 | 2.53 | -0.20 | NC |

| Measure | HEDIS MY 2018 | HEDIS MY 2019 | HEDIS MY 2020 | MY 2019–MY 2020 Comparison ¹ | MY 2020 Performance Level ² |
|---|---------------|---------------|---------------|---|--|
| <i>Average Length of Stay—Maternity—Total All Ages</i> | 2.63 | 2.58 | 2.41 | -0.17 | NC |
| <i>Discharges per 1,000 Member Months—Surgery—Total All Ages</i> | 1.52 | 1.65 | 1.20 | -0.45 | NC |
| <i>Average Length of Stay—Surgery—Total All Ages</i> | 5.94 | 6.57 | 7.67 | +1.10 | NC |
| <i>Discharges per 1,000 Member Months—Medicine—Total All Ages</i> | 3.66 | 3.48 | 3.03 | -0.45 | NC |
| <i>Average Length of Stay—Medicine—Total All Ages</i> | 3.96 | 3.83 | 4.38 | +0.55 | NC |
| Use of Opioids From Multiple Providers^{*,3} | | | | | |
| <i>Multiple Prescribers</i> | 18.34% | 16.58% | 14.62% | -1.96 ⁺ | ★★★★ |
| <i>Multiple Pharmacies</i> | 8.45% | 4.51% | 3.00% | -1.51 ⁺ | ★★★★ |
| <i>Multiple Prescribers and Multiple Pharmacies</i> | 4.08% | 2.57% | 1.84% | -0.73 ⁺ | ★★★ |
| Use of Opioids at High Dosage^{*,3} | | | | | |
| <i>Use of Opioids at High Dosage*</i> | — | 2.23% | 1.69% | -0.54 ⁺ | ★★★★ |
| Risk of Continued Opioid Use^{*,3} | | | | | |
| <i>At Least 15 Days Covered—Total</i> | 16.69% | 13.52% | 8.40% | -5.12 ⁺ | ★★ |
| <i>At Least 31 Days Covered—Total</i> | 7.21% | 6.42% | 5.69% | -0.73 ⁺ | ★ |
| Plan All-Cause Readmissions | | | | | |
| <i>Observed Readmissions—Total*</i> | — | 10.60% | 11.00% | +0.40 | ★★ |
| <i>Expected Readmissions—Total*</i> | — | 9.80% | 10.23% | +0.43 | ★★ |
| <i>O/E Ratio—Total*</i> | — | 1.08 | 1.08 | 0.00 | ★★ |

¹HEDIS MY 2019 to HEDIS MY 2020 comparisons were based on a Chi-square test of statistical significance with a p value of <0.05. MY 2019–MY 2020 Comparisons shaded green with one cross (+) indicate significant improvement from the previous year. 2019–2020 Comparisons shaded red with two crosses (++) indicate a significant decline in performance from the previous year.

²HEDIS MY 2020 Performance Levels were based on comparisons of the HEDIS MY 2020 measure indicator rates to national Medicaid Quality Compass HEDIS MY 2019 benchmarks, with the exception of the Plan All-Cause Readmissions measure indicator rates, which were compared to the national Medicaid NCQA Audit Means and Percentiles HEDIS MY 2019 benchmark.

³Due to changes in the technical specifications for this measure, NCQA recommends trending between MY 2020 and prior years be considered with caution.

⁴Due to changes in the technical specifications for this measure, NCQA recommends a break in trending between MY 2020 and prior years; therefore, prior years' rates are not displayed and comparisons to benchmarks are not performed for this measure.

⁵This measure is a first-year measure; therefore, the prior year's rates cannot be displayed and comparisons to benchmarks cannot be performed for this measure as benchmarks are not yet available.

⁶Significance testing was not performed for utilization-based or health plan description measure indicator rates and any Performance Levels for MY 2020 or MY 2019–MY 2020 Comparisons provided for these measures are for information purposes only.

* For this indicator, a lower rate indicates better performance.

— indicates that the rate is not presented in this report as the measure is a first-year measure; therefore, no trending information is available. This symbol may also indicate that NCQA recommended a break in trending; therefore, no prior year rates are displayed.

NC indicates that a comparison is not appropriate, or the measure did not have an applicable benchmark.

NA indicates that the MHP followed the specifications, but the denominator was too small (<30) to report a valid rate.

HEDIS MY 2020 Performance Levels represent the following percentile comparisons:

★★★★★ = 90th percentile and above

★★★★ = 75th to 89th percentile

★★★ = 50th to 74th percentile

★★ = 25th to 49th percentile

★ = Below 25th percentile

Table B-3—HAP Trend Table

| Measure | HEDIS MY 2018 | HEDIS MY 2019 | HEDIS MY 2020 | MY 2019–MY 2020 Comparison ¹ | MY 2020 Performance Level ² |
|---|---------------|---------------|---------------|---|--|
| Child & Adolescent Care | | | | | |
| Childhood Immunization Status | | | | | |
| Combination 2 | 55.32% | 70.21% | 49.54% | -20.67 ⁺⁺ | ★ |
| Combination 3 | 55.32% | 68.09% | 44.95% | -23.14 ⁺⁺ | ★ |
| Combination 4 | 53.19% | 68.09% | 44.95% | -23.14 ⁺⁺ | ★ |
| Combination 5 | 38.30% | 55.32% | 37.61% | -17.71 ⁺⁺ | ★ |
| Combination 6 | 27.66% | 25.53% | 23.85% | -1.68 | ★ |
| Combination 7 | 38.30% | 55.32% | 37.61% | -17.71 ⁺⁺ | ★ |
| Combination 8 | 27.66% | 25.53% | 23.85% | -1.68 | ★ |
| Combination 9 | 17.02% | 21.28% | 20.18% | -1.10 | ★ |
| Combination 10 | 17.02% | 21.28% | 20.18% | -1.10 | ★ |
| Well-Child Visits in the First 30 Months of Life | | | | | |
| Well-Child Visits in the First 15 Months—Six or More Well-Child Visits ⁴ | — | — | 51.22% | NC | NC |
| Well-Child Visits for Age 15 Months to 30 Months—Two or More Well-Child Visits ⁵ | — | — | 55.36% | NC | NC |
| Lead Screening in Children | | | | | |
| Lead Screening in Children | 63.83% | 80.85% | 62.39% | -18.46 ⁺⁺ | ★ |
| Child and Adolescent Well-Care Visits⁴ | | | | | |
| Ages 3 to 11 Years | — | — | 34.54% | NC | NC |
| Ages 12 to 17 Years | — | — | 20.66% | NC | NC |
| Ages 18 to 21 Years | — | — | 18.28% | NC | NC |
| Total | — | — | 27.93% | NC | NC |
| Immunizations for Adolescents | | | | | |
| Combination 1 (Meningococcal, Tdap) | NA | NA | 70.73% | NC | ★ |
| Combination 2 (Meningococcal, Tdap, HPV) | — | NA | 21.95% | NC | ★ |
| Follow-Up Care for Children Prescribed ADHD Medication³ | | | | | |
| Initiation Phase | NA | NA | NA | NC | NC |
| Continuation and Maintenance Phase | NA | NA | NA | NC | NC |

| Measure | HEDIS MY 2018 | HEDIS MY 2019 | HEDIS MY 2020 | MY 2019–MY 2020 Comparison ¹ | MY 2020 Performance Level ² |
|--|---------------|---------------|---------------|---|--|
| Women—Adult Care | | | | | |
| Chlamydia Screening in Women | | | | | |
| Ages 16 to 20 Years | NA | 61.29% | 51.98% | -9.31 | ★★ |
| Ages 21 to 24 Years | 45.95% | 57.63% | 59.75% | +2.12 | ★★ |
| Total | 39.34% | 58.89% | 56.42% | -2.47 | ★★ |
| Cervical Cancer Screening³ | | | | | |
| Cervical Cancer Screening | 56.34% | 56.34% | 40.00% | -16.34 ⁺⁺ | ★ |
| Breast Cancer Screening³ | | | | | |
| Breast Cancer Screening | 57.25% | 55.94% | 57.02% | +1.08 | ★★ |
| Access to Care | | | | | |
| Adults' Access to Preventive/Ambulatory Health Services | | | | | |
| Ages 20 to 44 Years | 71.98% | 70.22% | 57.06% | -13.16 ⁺⁺ | ★ |
| Ages 45 to 64 Years | 88.33% | 88.65% | 74.49% | -14.16 ⁺⁺ | ★ |
| 65 Years and Older | 88.19% | 89.20% | 88.16% | -1.04 | ★★ |
| Total | 83.99% | 83.10% | 68.81% | -14.29 ⁺⁺ | ★ |
| Avoidance of Antibiotic Treatment for Acute Bronchitis/Bronchiolitis | | | | | |
| Ages 3 Months to 17 Years | — | NA | 75.93% | NC | ★★★★ |
| Ages 18 to 64 Years | — | 33.65% | 40.52% | +6.87 | ★★★★ |
| Ages 65 Years And Older | — | 32.69% | 29.55% | -3.14 | ★★ |
| Total | — | 37.84% | 47.20% | +9.36 | ★★ |
| Appropriate Testing for Pharyngitis³ | | | | | |
| Ages 3 to 17 Years | — | 83.33% | 65.98% | -17.35 ⁺⁺ | ★ |
| Ages 18 to 64 Years | — | 50.00% | 47.10% | -2.90 | ★ |
| Ages 65 Years And Older | — | NA | NA | NC | NC |
| Total | — | 59.31% | 52.76% | -6.55 | ★ |
| Appropriate Treatment for Upper Respiratory Infection | | | | | |
| Ages 3 Months to 17 Years | — | 89.68% | 91.72% | +2.04 | ★★★★ |
| Ages 18 to 64 Years | — | 70.80% | 79.94% | +9.14 ⁺ | ★★★★ |
| Ages 65 Years And Older | — | 57.65% | 73.75% | +16.10 ⁺ | ★★★★ |
| Total | — | 74.68% | 84.31% | +9.63 ⁺ | ★ |
| Obesity | | | | | |
| Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents | | | | | |
| Body Mass Index (BMI) Percentile—Total ³ | 86.98% | 86.98% | 80.67% | -6.31 | ★★★★ |
| Counseling for Nutrition—Total | 63.31% | 63.31% | 69.85% | +6.54 | ★★ |

| Measure | HEDIS MY 2018 | HEDIS MY 2019 | HEDIS MY 2020 | MY 2019–MY 2020 Comparison ¹ | MY 2020 Performance Level ² |
|--|---------------|---------------|---------------|---|--|
| <i>Counseling for Physical Activity—Total</i> | 62.13% | 62.13% | 67.27% | +5.14 | ★★★ |
| Pregnancy Care | | | | | |
| <i>Prenatal and Postpartum Care⁴</i> | | | | | |
| <i>Timeliness of Prenatal Care</i> | — | 90.12% | 68.30% | -21.82 ⁺ | ★ |
| <i>Postpartum Care</i> | — | 67.90% | 52.68% | -15.22 ⁺ | ★ |
| Living With Illness | | | | | |
| Comprehensive Diabetes Care | | | | | |
| <i>Hemoglobin A1c (HbA1c) Testing³</i> | 83.70% | 88.32% | 84.18% | -4.14 | ★ |
| <i>HbA1c Poor Control (>9.0%)*³</i> | 40.15% | 44.04% | 46.96% | +2.92 | ★ |
| <i>HbA1c Control (<8.0%)*³</i> | 49.88% | 49.88% | 46.47% | -3.41 | ★★ |
| <i>Eye Exam (Retinal) Performed³</i> | 58.88% | 56.93% | 44.77% | -12.16 ⁺ | ★ |
| <i>Blood Pressure Control (<140/90 mm Hg)⁴</i> | — | — | 53.28% | NC | NC |
| Kidney Health Evaluation for Patients With Diabetes⁵ | | | | | |
| <i>Ages 18 to 64 Years</i> | — | — | 30.86% | NC | NC |
| <i>Ages 65 to 74 Years</i> | — | — | 34.23% | NC | NC |
| <i>Ages 75 to 85 Years</i> | — | — | 30.61% | NC | NC |
| <i>Total</i> | — | — | 31.83% | NC | NC |
| Asthma Medication Ratio | | | | | |
| <i>Total</i> | 37.68% | 55.93% | 46.27% | -9.66 | ★ |
| Controlling High Blood Pressure⁴ | | | | | |
| <i>Controlling High Blood Pressure</i> | — | — | 52.55% | NC | NC |
| Medical Assistance With Smoking and Tobacco Use Cessation | | | | | |
| <i>Advising Smokers and Tobacco Users to Quit</i> | 83.23% | 81.03% | 76.13% | -4.90 | ★★ |
| <i>Discussing Cessation Medications</i> | 65.69% | 67.32% | 59.35% | -7.97 | ★★★ |
| <i>Discussing Cessation Strategies</i> | 54.22% | 55.47% | 53.80% | -1.67 | ★★★ |
| Antidepressant Medication Management | | | | | |
| <i>Effective Acute Phase Treatment</i> | 53.49% | 53.00% | 70.59% | +17.59 ⁺ | ★★★★★ |

| Measure | HEDIS MY 2018 | HEDIS MY 2019 | HEDIS MY 2020 | MY 2019–MY 2020 Comparison ¹ | MY 2020 Performance Level ² |
|---|---------------|---------------|---------------|---|--|
| <i>Effective Continuation Phase Treatment</i> | 41.09% | 42.00% | 47.06% | +5.06 | ★★★★★ |
| Diabetes Screening for People With Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications | | | | | |
| <i>Diabetes Screening for People With Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications</i> | 68.80% | 73.36% | 71.52% | -1.84 | ★ |
| Diabetes Monitoring for People With Diabetes and Schizophrenia | | | | | |
| <i>Diabetes Monitoring for People With Diabetes and Schizophrenia</i> | 61.54% | 64.58% | 66.67% | +2.09 | ★ |
| Cardiovascular Monitoring for People With Cardiovascular Disease and Schizophrenia | | | | | |
| <i>Cardiovascular Monitoring for People With Cardiovascular Disease and Schizophrenia</i> | NA | NA | NA | NC | NC |
| Adherence to Antipsychotic Medications for Individuals With Schizophrenia | | | | | |
| <i>Adherence to Antipsychotic Medications for Individuals With Schizophrenia</i> | 69.31% | 72.00% | 65.04% | -6.96 | ★★★ |
| Health Plan Diversity⁵ | | | | | |
| Race/Ethnicity Diversity of Membership | | | | | |
| <i>Total—White</i> | 56.78% | 0.24% | 39.22% | +38.98 | NC |
| <i>Total—Black or African American</i> | 23.97% | 0.28% | 46.62% | +46.34 | NC |
| <i>Total—American-Indian and Alaska Native</i> | 0.00% | 0.00% | 0.15% | +0.15 | NC |
| <i>Total—Asian</i> | 0.02% | 0.03% | 1.74% | +1.71 | NC |
| <i>Total—Native Hawaiian and Other Pacific Islander</i> | 0.02% | 0.00% | 0.04% | +0.04 | NC |
| <i>Total—Some Other Race</i> | 3.38% | 0.02% | 3.98% | +3.96 | NC |
| <i>Total—Two or More Races</i> | 0.00% | 0.00% | 0.00% | 0.00 | NC |
| <i>Total—Unknown³</i> | 15.83% | 99.43% | 8.24% | -91.19 | NC |
| <i>Total—Declined³</i> | 0.00% | 0.00% | 0.00% | 0.00 | NC |
| <i>Total—Hispanic or Latino³</i> | 3.38% | 0.01% | 3.72% | +3.71 | NC |

| Measure | HEDIS MY 2018 | HEDIS MY 2019 | HEDIS MY 2020 | MY 2019–MY 2020 Comparison ¹ | MY 2020 Performance Level ² |
|--|---------------|---------------|---------------|---|--|
| Language Diversity of Membership | | | | | |
| <i>Spoken Language Preferred for Health Care—English</i> | 97.26% | 0.79% | 90.36% | +89.57 | NC |
| <i>Spoken Language Preferred for Health Care—Non-English</i> | 0.18% | 0.01% | 0.74% | +0.73 | NC |
| <i>Spoken Language Preferred for Health Care—Unknown</i> | 2.55% | 99.20% | 8.91% | -90.29 | NC |
| <i>Spoken Language Preferred for Health Care—Declined</i> | 0.00% | 0.00% | 0.00% | 0.00 | NC |
| <i>Language Preferred for Written Materials—English</i> | 97.26% | 0.79% | 90.36% | +89.57 | NC |
| <i>Language Preferred for Written Materials—Non-English</i> | 0.18% | 0.01% | 0.74% | +0.73 | NC |
| <i>Language Preferred for Written Materials—Unknown</i> | 2.55% | 99.20% | 8.91% | -90.29 | NC |
| <i>Language Preferred for Written Materials—Declined</i> | 0.00% | 0.00% | 0.00% | 0.00 | NC |
| <i>Other Language Needs—English</i> | 97.26% | 0.79% | 90.36% | +89.57 | NC |
| <i>Other Language Needs—Non-English</i> | 0.18% | 0.01% | 0.74% | +0.73 | NC |
| <i>Other Language Needs—Unknown</i> | 2.55% | 99.20% | 8.91% | -90.29 | NC |
| <i>Other Language Needs—Declined</i> | 0.00% | 0.00% | 0.00% | 0.00 | NC |
| Utilization⁶ | | | | | |
| Ambulatory Care—Total (Per 1,000 Member Months) | | | | | |
| <i>Emergency Department Visits—Total*</i> | 66.17 | 66.59 | 50.14 | -16.45 | ★★★ |
| <i>Outpatient Visits—Total</i> | 524.20 | 496.25 | 329.12 | -167.13 | NC |
| Inpatient Utilization—General Hospital/Acute Care—Total | | | | | |
| <i>Discharges per 1,000 Member Months—Total Inpatient—Total All Ages</i> | 12.01 | 13.93 | 10.20 | -3.73 | NC |

| Measure | HEDIS MY 2018 | HEDIS MY 2019 | HEDIS MY 2020 | MY 2019–MY 2020 Comparison ¹ | MY 2020 Performance Level ² |
|--|---------------|---------------|---------------|---|--|
| <i>Average Length of Stay—Total Inpatient—Total All Ages</i> | 5.15 | 5.97 | 5.95 | -0.02 | NC |
| <i>Discharges per 1,000 Member Months—Maternity—Total All Ages</i> | 1.35 | 1.68 | 1.85 | +0.17 | NC |
| <i>Average Length of Stay—Maternity—Total All Ages</i> | 2.54 | 2.79 | 2.57 | -0.22 | NC |
| <i>Discharges per 1,000 Member Months—Surgery—Total All Ages</i> | 3.18 | 4.10 | 2.44 | -1.66 | NC |
| <i>Average Length of Stay—Surgery—Total All Ages</i> | 7.45 | 9.24 | 9.44 | +0.20 | NC |
| <i>Discharges per 1,000 Member Months—Medicine—Total All Ages</i> | 8.02 | 8.79 | 6.42 | -2.37 | NC |
| <i>Average Length of Stay—Medicine—Total All Ages</i> | 4.51 | 4.82 | 5.33 | +0.51 | NC |
| Use of Opioids From Multiple Providers^{*.3} | | | | | |
| <i>Multiple Prescribers</i> | 15.29% | 15.83% | 12.95% | -2.88 | ★★★★★ |
| <i>Multiple Pharmacies</i> | 3.51% | 2.33% | 3.34% | +1.01 | ★★★ |
| <i>Multiple Prescribers and Multiple Pharmacies</i> | 2.18% | 1.23% | 1.63% | +0.40 | ★★★★ |
| Use of Opioids at High Dosage^{*.3} | | | | | |
| <i>Use of Opioids at High Dosage*</i> | — | 2.84% | 2.16% | -0.68 | ★★★★ |
| Risk of Continued Opioid Use^{*.3} | | | | | |
| <i>At Least 15 Days Covered—Total</i> | 28.28% | 13.47% | 14.45% | +0.98 | ★ |
| <i>At Least 31 Days Covered—Total</i> | 11.52% | 7.92% | 9.91% | +1.99 | ★ |
| Plan All-Cause Readmissions | | | | | |
| <i>Observed Readmissions—Total*</i> | — | NA | 13.38% | NC | ★ |
| <i>Expected Readmissions—Total*</i> | — | NA | 9.81% | NC | ★★ |
| <i>O/E Ratio—Total*</i> | — | NA | 1.36 | NC | ★ |

¹HEDIS MY 2019 to HEDIS MY 2020 comparisons were based on a Chi-square test of statistical significance with a p value of <0.05. MY 2019–MY 2020 Comparisons shaded green with one cross (+) indicate significant improvement from the previous year. MY 2019–MY 2020 Comparisons shaded red with two crosses (++) indicate a significant decline in performance from the previous year.

²HEDIS MY 2020 Performance Levels were based on comparisons of the HEDIS MY 2020 measure indicator rates to national Medicaid Quality Compass HEDIS MY 2019 benchmarks, with the exception of the Plan All-Cause Readmissions measure indicator rates, which were compared to the national Medicaid NCQA Audit Means and Percentiles HEDIS MY 2019 benchmark.

³Due to changes in the technical specifications for this measure, NCQA recommends trending between MY 2020 and prior years be considered with caution.

⁴Due to changes in the technical specifications for this measure, NCQA recommends a break in trending between MY 2020 and prior years; therefore, prior years' rates are not displayed and comparisons to benchmarks are not performed for this measure.

⁵This measure is a first-year measure; therefore, the prior year's rates cannot be displayed and comparisons to benchmarks cannot be performed for this measure as benchmarks are not yet available.

⁶Significance testing was not performed for utilization-based or health plan description measure indicator rates and any Performance Levels for MY 2020 or MY 2019–MY 2020 Comparisons provided for these measures are for information purposes only.

* For this indicator, a lower rate indicates better performance.

— indicates that the rate is not presented in this report as the measure is a first-year measure; therefore, no trending information is available. This symbol may also indicate that NCQA recommended a break in trending; therefore, no prior year rates are displayed.

NC indicates that a comparison is not appropriate, or the measure did not have an applicable benchmark.

NA indicates that the MHP followed the specifications, but the denominator was too small (<30) to report a valid rate.

HEDIS MY 2020 Performance Levels represent the following percentile comparisons:

★★★★★ = 90th percentile and above

★★★★ = 75th to 89th percentile

★★★ = 50th to 74th percentile

★★ = 25th to 49th percentile

★ = Below 25th percentile

Table B-4—MCL Trend Table

| Measure | HEDIS MY 2018 | HEDIS MY 2019 | HEDIS MY 2020 | MY 2019–MY 2020 Comparison ¹ | MY 2020 Performance Level ² |
|---|---------------|---------------|---------------|---|--|
| Child & Adolescent Care | | | | | |
| Childhood Immunization Status | | | | | |
| Combination 2 | 70.56% | 70.56% | 65.94% | -4.62 | ★ |
| Combination 3 | 63.99% | 63.99% | 63.26% | -0.73 | ★ |
| Combination 4 | 62.77% | 62.77% | 61.56% | -1.21 | ★ |
| Combination 5 | 53.77% | 53.77% | 52.55% | -1.22 | ★ |
| Combination 6 | 33.09% | 33.09% | 37.23% | +4.14 | ★★ |
| Combination 7 | 52.80% | 52.80% | 51.34% | -1.46 | ★ |
| Combination 8 | 32.85% | 32.85% | 36.74% | +3.89 | ★★ |
| Combination 9 | 27.98% | 27.98% | 31.87% | +3.89 | ★★ |
| Combination 10 | 27.74% | 27.74% | 31.39% | +3.65 | ★★ |
| Well-Child Visits in the First 30 Months of Life | | | | | |
| Well-Child Visits in the First 15 Months—Six or More Well-Child Visits ⁴ | — | — | 61.22% | NC | NC |
| Well-Child Visits for Age 15 Months to 30 Months—Two or More Well-Child Visits ⁵ | — | — | 67.44% | NC | NC |
| Lead Screening in Children | | | | | |
| Lead Screening in Children | 82.73% | 82.73% | 74.21% | -8.52 ⁺⁺ | ★★★ |
| Child and Adolescent Well-Care Visits⁴ | | | | | |
| Ages 3 to 11 Years | — | — | 48.09% | NC | NC |
| Ages 12 to 17 Years | — | — | 37.63% | NC | NC |
| Ages 18 to 21 Years | — | — | 21.68% | NC | NC |
| Total | — | — | 40.50% | NC | NC |
| Immunizations for Adolescents | | | | | |
| Combination 1 (Meningococcal, Tdap) | 83.45% | 86.37% | 81.75% | -4.62 | ★★ |
| Combination 2 (Meningococcal, Tdap, HPV) | — | 34.55% | 30.90% | -3.65 | ★ |
| Follow-Up Care for Children Prescribed ADHD Medication³ | | | | | |
| Initiation Phase | 50.35% | 47.72% | 49.12% | +1.40 | ★★★★ |

| Measure | HEDIS MY 2018 | HEDIS MY 2019 | HEDIS MY 2020 | MY 2019–MY 2020 Comparison ¹ | MY 2020 Performance Level ² |
|---|---------------|---------------|---------------|---|--|
| Continuation and Maintenance Phase | 61.34% | 57.74% | 59.30% | +1.56 | ★★★ |
| Women—Adult Care | | | | | |
| Chlamydia Screening in Women | | | | | |
| Ages 16 to 20 Years | 54.65% | 56.13% | 53.49% | -2.64 ⁺⁺ | ★★ |
| Ages 21 to 24 Years | 65.24% | 66.14% | 61.32% | -4.82 ⁺⁺ | ★★ |
| Total | 59.23% | 60.58% | 57.22% | -3.36 ⁺⁺ | ★★ |
| Cervical Cancer Screening³ | | | | | |
| Cervical Cancer Screening | 65.21% | 65.21% | 59.85% | -5.36 | ★★ |
| Breast Cancer Screening³ | | | | | |
| Breast Cancer Screening | 61.99% | 60.82% | 56.20% | -4.62 ⁺⁺ | ★★ |
| Access to Care | | | | | |
| Adults' Access to Preventive/Ambulatory Health Services | | | | | |
| Ages 20 to 44 Years | 77.87% | 78.10% | 73.17% | -4.93 ⁺⁺ | ★★ |
| Ages 45 to 64 Years | 86.81% | 86.53% | 83.28% | -3.25 ⁺⁺ | ★★ |
| 65 Years and Older | 83.33% | 86.07% | 72.67% | -13.40 ⁺⁺ | ★ |
| Total | 81.45% | 81.33% | 76.67% | -4.66 ⁺⁺ | ★ |
| Avoidance of Antibiotic Treatment for Acute Bronchitis/Bronchiolitis | | | | | |
| Ages 3 Months to 17 Years | — | 58.97% | 61.39% | +2.42 | ★★★ |
| Ages 18 to 64 Years | — | 38.43% | 39.96% | +1.53 | ★★★ |
| Ages 65 Years and Older | — | NA | NA | NC | NC |
| Total | — | 47.71% | 50.05% | +2.34 ⁺ | ★★ |
| Appropriate Testing for Pharyngitis³ | | | | | |
| Ages 3 to 17 Years | — | 82.55% | 81.62% | -0.93 | ★★ |
| Ages 18 to 64 Years | — | 69.16% | 67.58% | -1.58 | ★★★ |
| Ages 65 Years and Older | — | NA | NA | NC | NC |
| Total | — | 77.73% | 76.36% | -1.37 ⁺⁺ | ★★ |
| Appropriate Treatment for Upper Respiratory Infection | | | | | |
| Ages 3 Months to 17 Years | — | 90.12% | 90.52% | +0.40 | ★★ |
| Ages 18 to 64 Years | — | 77.09% | 79.90% | +2.81 ⁺ | ★★★ |
| Ages 65 Years and Older | — | NA | NA | NC | NC |
| Total | — | 85.77% | 86.88% | +1.11 ⁺ | ★★ |

| Measure | HEDIS MY 2018 | HEDIS MY 2019 | HEDIS MY 2020 | MY 2019–MY 2020 Comparison ¹ | MY 2020 Performance Level ² |
|--|---------------|---------------|---------------|---|--|
| Obesity | | | | | |
| Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents | | | | | |
| Body Mass index (BMI) Percentile—Total ³ | 79.32% | 79.32% | 65.21% | -14.11 ⁺⁺ | ★ |
| Counseling for Nutrition—Total | 66.67% | 66.67% | 53.53% | -13.14 ⁺⁺ | ★ |
| Counseling for Physical Activity—Total | 63.26% | 63.26% | 53.77% | -9.49 ⁺⁺ | ★ |
| Pregnancy Care | | | | | |
| Prenatal and Postpartum Care³ | | | | | |
| Timeliness of Prenatal Care | — | 88.32% | 78.59% | -9.73 ⁺⁺ | ★ |
| Postpartum Care | — | 74.45% | 70.32% | -4.13 | ★ |
| Living With Illness | | | | | |
| Comprehensive Diabetes Care | | | | | |
| Hemoglobin A1c (HbA1c) Testing ³ | 87.83% | 87.83% | 77.86% | -9.97 ⁺⁺ | ★ |
| HbA1c Poor Control (>9.0%)* ³ | 42.58% | 42.58% | 56.45% | +13.87 ⁺⁺ | ★ |
| HbA1c Control (<8.0%)* ³ | 47.69% | 47.69% | 37.71% | -9.98 ⁺⁺ | ★ |
| Eye Exam (Retinal) Performed ³ | 58.64% | 58.64% | 54.74% | -3.90 | ★★ |
| Blood Pressure Control (<140/90 mm Hg) ⁴ | — | — | 50.85% | NC | NC |
| Kidney Health Evaluation for Patients With Diabetes⁵ | | | | | |
| Ages 18 to 64 Years | — | — | 26.56% | NC | NC |
| Ages 65 to 74 Years | — | — | 27.87% | NC | NC |
| Ages 75 to 85 Years | — | — | NA | NC | NC |
| Total | — | — | 26.57% | NC | NC |
| Asthma Medication Ratio | | | | | |
| Total | 66.58% | 57.20% | 53.48% | -3.72 ⁺⁺ | ★ |
| Controlling High Blood Pressure⁴ | | | | | |
| Controlling High Blood Pressure | — | — | 47.20% | NC | NC |
| Medical Assistance With Smoking and Tobacco Use Cessation | | | | | |
| Advising Smokers and Tobacco Users to Quit | 79.45% | 79.01% | 72.51% | -6.50 | ★ |

| Measure | HEDIS MY 2018 | HEDIS MY 2019 | HEDIS MY 2020 | MY 2019–MY 2020 Comparison ¹ | MY 2020 Performance Level ² |
|---|---------------|---------------|---------------|---|--|
| Discussing Cessation Medications | 58.23% | 56.67% | 51.79% | -4.88 | ★★ |
| Discussing Cessation Strategies | 45.20% | 50.28% | 47.31% | -2.97 | ★★ |
| Antidepressant Medication Management | | | | | |
| Effective Acute Phase Treatment | 56.77% | 63.61% | 63.95% | +0.34 | ★★★★ |
| Effective Continuation Phase Treatment | 40.88% | 49.09% | 48.85% | -0.24 | ★★★★ |
| Diabetes Screening for People With Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications | | | | | |
| Diabetes Screening for People With Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications | 79.10% | 83.12% | 74.61% | -8.51 ⁺⁺ | ★ |
| Diabetes Monitoring for People With Diabetes and Schizophrenia | | | | | |
| Diabetes Monitoring for People With Diabetes and Schizophrenia | 73.23% | 67.20% | 60.37% | -6.83 | ★ |
| Cardiovascular Monitoring for People With Cardiovascular Disease and Schizophrenia | | | | | |
| Cardiovascular Monitoring for People With Cardiovascular Disease and Schizophrenia | 82.22% | 70.59% | 51.11% | -19.48 | ★ |
| Adherence to Antipsychotic Medications for Individuals With Schizophrenia | | | | | |
| Adherence to Antipsychotic Medications for Individuals With Schizophrenia | 66.40% | 69.10% | 71.26% | +2.16 | ★★★★ |
| Health Plan Diversity⁵ | | | | | |
| Race/Ethnicity Diversity of Membership | | | | | |
| Total—White | 64.93% | 63.10% | 64.38% | +1.28 | NC |
| Total—Black or African American | 19.55% | 20.19% | 20.63% | +0.44 | NC |
| Total—American-Indian and Alaska Native | 0.51% | 0.52% | 0.55% | +0.03 | NC |

| Measure | HEDIS MY 2018 | HEDIS MY 2019 | HEDIS MY 2020 | MY 2019–MY 2020 Comparison ¹ | MY 2020 Performance Level ² |
|---|---------------|---------------|---------------|---|--|
| Total—Asian | 0.63% | 1.45% | 0.80% | -0.65 | NC |
| Total—Native Hawaiian and Other Pacific Islander | 0.07% | 0.08% | 0.09% | +0.01 | NC |
| Total—Some Other Race | 5.59% | 5.82% | 6.06% | +0.24 | NC |
| Total—Two or More Races | 0.00% | 0.00% | 0.00% | 0.00 | NC |
| Total—Unknown ³ | 8.72% | 8.84% | 7.48% | -1.36 | NC |
| Total—Declined ³ | 0.00% | 0.00% | 0.00% | 0.00 | NC |
| Total—Hispanic or Latino ³ | 5.59% | 5.82% | 6.06% | +0.24 | NC |
| Language Diversity of Membership | | | | | |
| Spoken Language Preferred for Health Care—English | 76.22% | 60.94% | 52.87% | -8.07 | NC |
| Spoken Language Preferred for Health Care—Non-English | 0.60% | 0.46% | 0.40% | -0.06 | NC |
| Spoken Language Preferred for Health Care—Unknown | 23.18% | 38.60% | 46.73% | +8.13 | NC |
| Spoken Language Preferred for Health Care—Declined | 0.00% | 0.00% | 0.00% | 0.00 | NC |
| Language Preferred for Written Materials—English | 0.00% | 0.00% | 0.00% | 0.00 | NC |
| Language Preferred for Written Materials—Non-English | 0.00% | 0.00% | 0.00% | 0.00 | NC |
| Language Preferred for Written Materials—Unknown | 100.00% | 100.00% | 100.00% | 0.00 | NC |
| Language Preferred for Written Materials—Declined | 0.00% | 0.00% | 0.00% | 0.00 | NC |
| Other Language Needs—English | 0.00% | 0.00% | 0.00% | 0.00 | NC |
| Other Language Needs—Non-English | 0.00% | 0.00% | 0.00% | 0.00 | NC |

| Measure | HEDIS MY 2018 | HEDIS MY 2019 | HEDIS MY 2020 | MY 2019–MY 2020 Comparison ¹ | MY 2020 Performance Level ² |
|--|---------------|---------------|---------------|---|--|
| Other Language Needs—Unknown | 100.00% | 100.00% | 100.00% | 0.00 | NC |
| Other Language Needs—Declined | 0.00% | 0.00% | 0.00% | 0.00 | NC |
| Utilization⁶ | | | | | |
| Ambulatory Care—Total (Per 1,000 Member Months) | | | | | |
| ED Visits—Total* | 65.51 | 70.40 | 51.72 | -18.68 | ★★★★ |
| Outpatient Visits—Total | 577.22 | 552.68 | 447.82 | -104.86 | NC |
| Inpatient Utilization—General Hospital/Acute Care—Total | | | | | |
| Total Inpatient—Discharges per 1,000 Member Months—Total | 7.80 | 9.14 | 8.31 | -0.83 | NC |
| Total Inpatient—Average Length of Stay—Total | 3.38 | 3.87 | 3.87 | 0.00 | NC |
| Maternity—Discharges per 1,000 Member Months—Total | 2.57 | 2.77 | 2.61 | -0.16 | NC |
| Maternity—Average Length of Stay—Total | 2.01 | 1.77 | 1.69 | -0.08 | NC |
| Surgery—Discharges per 1,000 Member Months—Total | 1.99 | 2.24 | 2.07 | -0.17 | NC |
| Surgery—Average Length of Stay—Total | 5.15 | 5.81 | 6.00 | +0.19 | NC |
| Medicine—Discharges per 1,000 Member Months—Total | 3.91 | 4.82 | 4.28 | -0.54 | NC |
| Medicine—Average Length of Stay—Total | 3.14 | 3.86 | 3.86 | 0.00 | NC |
| Use of Opioids From Multiple Providers^{*,3} | | | | | |
| Multiple Prescribers | 21.41% | 14.91% | 14.77% | -0.14 | ★★★★ |
| Multiple Pharmacies | 7.02% | 3.48% | 2.60% | -0.88 ⁺ | ★★★★ |
| Multiple Prescribers and Multiple Pharmacies | 3.76% | 1.65% | 1.21% | -0.44 ⁺ | ★★★★ |
| Use of Opioids at High Dosage^{*,3} | | | | | |
| Use of Opioids at High Dosage* | — | 2.95% | 2.65% | -0.30 | ★★★★ |

| Measure | HEDIS MY 2018 | HEDIS MY 2019 | HEDIS MY 2020 | MY 2019–MY 2020 Comparison ¹ | MY 2020 Performance Level ² |
|---|---------------|---------------|---------------|---|--|
| Risk of Continued Opioid Use³ | | | | | |
| At Least 15 Days Covered—Total | 13.49% | 19.36% | 12.40% | -6.96 ⁺ | ★ |
| At Least 31 Days Covered—Total | 5.97% | 11.64% | 6.36% | -5.28 ⁺ | ★ |
| Plan All-Cause Readmissions⁴ | | | | | |
| Observed Readmissions—Total* | — | 8.50% | 9.63% | +1.13 ⁺⁺ | ★★★ |
| Expected Readmissions—Total* | — | 9.55% | 9.76% | +0.21 | ★★ |
| O/E Ratio—Total* | — | 0.89 | 0.99 | +0.10 ⁺⁺ | ★★★ |

¹HEDIS MY 2019 to HEDIS MY 2020 comparisons were based on a Chi-square test of statistical significance with a p value of <0.05. MY 2019–MY 2020 Comparisons shaded green with one cross (+) indicate significant improvement from the previous year. MY 2019–MY 2020 Comparisons shaded red with two crosses (++) indicate a significant decline in performance from the previous year.

²HEDIS MY 2020 Performance Levels were based on comparisons of the HEDIS MY 2020 measure indicator rates to national Medicaid Quality Compass HEDIS MY 2019 benchmarks, with the exception of the Plan All-Cause Readmissions measure indicator rates, which were compared to the national Medicaid NCQA Audit Means and Percentiles HEDIS MY 2019 benchmark.

³Due to changes in the technical specifications for this measure, NCQA recommends trending between MY 2020 and prior years be considered with caution.

⁴Due to changes in the technical specifications for this measure, NCQA recommends a break in trending between MY 2020 and prior years; therefore, prior years' rates are not displayed and comparisons to benchmarks are not performed for this measure.

⁵This measure is a first-year measure; therefore, the prior year's rates cannot be displayed and comparisons to benchmarks cannot be performed for this measure as benchmarks are not yet available.

⁶Significance testing was not performed for utilization-based or health plan description measure indicator rates and any Performance Levels for MY 2020 or MY 2019–MY 2020 Comparisons provided for these measures are for information purposes only.

* For this indicator, a lower rate indicates better performance.

— indicates that the rate is not presented in this report as the measure is a first-year measure; therefore, no trending information is available. This symbol may also indicate that NCQA recommended a break in trending; therefore, no prior year rates are displayed.

NC indicates that a comparison is not appropriate, or the measure did not have an applicable benchmark. NA indicates that the MHP followed the specifications, but the denominator was too small (<30) to report a valid rate. HEDIS MY 2020 Performance Levels represent the following percentile comparisons:

★★★★★ = 90th percentile and above

★★★★ = 75th to 89th percentile

★★★ = 50th to 74th percentile

★★ = 25th to 49th percentile

★ = Below 25th percentile

Table B-5—MER Trend Table

| Measure | HEDIS MY 2018 | HEDIS MY 2019 | HEDIS MY 2020 | MY 2019–MY 2020 Comparison ¹ | MY 2020 Performance Level ² |
|---|---------------|---------------|---------------|---|--|
| Child & Adolescent Care | | | | | |
| Childhood Immunization Status | | | | | |
| Combination 2 | 72.02% | 71.33% | 64.72% | -6.61 ⁺⁺ | ★ |
| Combination 3 | 67.40% | 67.60% | 62.53% | -5.07 ⁺⁺ | ★ |
| Combination 4 | 66.91% | 66.75% | 62.04% | -4.71 ⁺⁺ | ★ |
| Combination 5 | 56.93% | 58.46% | 56.69% | -1.77 | ★★ |
| Combination 6 | 40.39% | 36.53% | 35.77% | -0.76 | ★★ |
| Combination 7 | 56.45% | 57.79% | 56.20% | -1.59 | ★★ |
| Combination 8 | 40.39% | 36.30% | 35.77% | -0.53 | ★★ |
| Combination 9 | 34.79% | 32.54% | 32.85% | +0.31 | ★★ |
| Combination 10 | 34.79% | 32.34% | 32.85% | +0.51 | ★★ |
| Well-Child Visits in the First 30 Months of Life | | | | | |
| Well-Child Visits in the First 15 Months—Six or More Well-Child Visits ⁴ | — | — | 63.12% | NC | NC |
| Well-Child Visits for Age 15 Months to 30 Months—Two or More Well-Child Visits ⁵ | — | — | 68.93% | NC | NC |
| Lead Screening in Children | | | | | |
| Lead Screening in Children | 78.42% | 77.51% | 73.87% | -3.64 ⁺⁺ | ★★★ |
| Child and Adolescent Well-Care Visits⁴ | | | | | |
| Ages 3 to 11 Years | — | — | 52.28% | NC | NC |
| Ages 12 to 17 Years | — | — | 42.30% | NC | NC |
| Ages 18 to 21 Years | — | — | 26.22% | NC | NC |
| Total | — | — | 45.63% | NC | NC |
| Immunizations for Adolescents | | | | | |
| Combination 1 (Meningococcal, Tdap) | 86.37% | 84.43% | 82.73% | -1.70 | ★★★ |
| Combination 2 (Meningococcal, Tdap, HPV) | — | 38.44% | 36.50% | -1.94 | ★★ |
| Follow-Up Care for Children Prescribed ADHD Medication³ | | | | | |
| Initiation Phase | 44.78% | 45.12% | 44.59% | -0.53 | ★★★ |
| Continuation and Maintenance Phase | 56.86% | 56.80% | 55.18% | -1.62 | ★★★ |

| Measure | HEDIS MY 2018 | HEDIS MY 2019 | HEDIS MY 2020 | MY 2019–MY 2020 Comparison ¹ | MY 2020 Performance Level ² |
|--|---------------|---------------|---------------|---|--|
| Women—Adult Care | | | | | |
| Chlamydia Screening in Women | | | | | |
| Ages 16 to 20 Years | 63.13% | 61.42% | 55.53% | -5.89 ⁺⁺ | ★★★ |
| Ages 21 to 24 Years | 69.90% | 69.18% | 62.83% | -6.35 ⁺⁺ | ★★ |
| Total | 66.33% | 64.92% | 58.84% | -6.08 ⁺⁺ | ★★★ |
| Cervical Cancer Screening³ | | | | | |
| Cervical Cancer Screening | 64.59% | 67.64% | 59.41% | -8.23 ⁺⁺ | ★★ |
| Breast Cancer Screening³ | | | | | |
| Breast Cancer Screening | 64.00% | 63.17% | 56.65% | -6.52 ⁺⁺ | ★★ |
| Access to Care | | | | | |
| Adults' Access to Preventive/Ambulatory Health Services | | | | | |
| Ages 20 to 44 Years | 80.18% | 80.91% | 76.20% | -4.71 ⁺⁺ | ★★ |
| Ages 45 to 64 Years | 88.46% | 88.76% | 84.67% | -4.09 ⁺⁺ | ★★ |
| 65 Years and Older | 96.22% | 95.43% | 88.91% | -6.52 ⁺⁺ | ★★ |
| Total | 83.40% | 84.02% | 79.18% | -4.84 ⁺⁺ | ★★ |
| Avoidance of Antibiotic Treatment for Acute Bronchitis/Bronchiolitis | | | | | |
| Ages 3 Months to 17 Years | — | 61.92% | 60.82% | -1.10 | ★★★ |
| Ages 18 to 64 Years | — | 37.45% | 39.00% | +1.55 | ★★★ |
| Ages 65 Years And Older | — | 29.27% | 31.25% | +1.98 | ★★ |
| Total | — | 49.29% | 50.08% | +0.79 | ★★ |
| Appropriate Testing for Pharyngitis³ | | | | | |
| Ages 3 to 17 Years | — | 78.99% | 77.32% | -1.67 ⁺⁺ | ★★ |
| Ages 18 to 64 Years | — | 63.96% | 60.88% | -3.08 ⁺⁺ | ★★ |
| Ages 65 Years And Older | — | NA | NA | NC | NC |
| Total | — | 73.82% | 71.39% | -2.43 ⁺⁺ | ★★ |
| Appropriate Treatment for Upper Respiratory Infection | | | | | |
| Ages 3 Months to 17 Years | — | 91.15% | 91.71% | +0.56 ⁺ | ★★★ |
| Ages 18 to 64 Years | — | 75.27% | 78.27% | +3.00 ⁺ | ★★★ |
| Ages 65 Years And Older | — | 75.65% | 88.33% | +12.68 ⁺ | ★★★★ |
| Total | — | 86.80% | 87.84% | +1.04 ⁺ | ★★★ |
| Obesity | | | | | |
| Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents | | | | | |
| Body Mass index (BMI) Percentile—Total ³ | 83.70% | 83.70% | 78.59% | -5.11 | ★★ |
| Counseling for Nutrition—Total | 72.99% | 72.99% | 69.83% | -3.16 | ★★ |

| Measure | HEDIS MY 2018 | HEDIS MY 2019 | HEDIS MY 2020 | MY 2019–MY 2020 Comparison ¹ | MY 2020 Performance Level ² |
|--|---------------|---------------|---------------|---|--|
| <i>Counseling for Physical Activity—Total</i> | 69.59% | 69.59% | 68.13% | -1.46 | ★★★ |
| Pregnancy Care | | | | | |
| Prenatal and Postpartum Care³ | | | | | |
| <i>Timeliness of Prenatal Care</i> | — | 79.81% | 79.08% | -0.73 | ★ |
| <i>Postpartum Care</i> | — | 69.59% | 67.88% | -1.71 | ★ |
| Living With Illness | | | | | |
| Comprehensive Diabetes Care | | | | | |
| <i>Hemoglobin A1c (HbA1c) Testing³</i> | 88.08% | 88.08% | 85.89% | -2.19 | ★ |
| <i>HbA1c Poor Control (>9.0%)*³</i> | 40.88% | 40.88% | 44.04% | +3.16 | ★★ |
| <i>HbA1c Control (<8.0%)*³</i> | 49.15% | 49.15% | 47.45% | -1.70 | ★★ |
| <i>Eye Exam (Retinal) Performed³</i> | 67.61% | 67.61% | 50.17% | -17.44 ⁺⁺ | ★ |
| <i>Blood Pressure Control (<140/90 mm Hg)⁴</i> | — | — | 56.45% | NC | NC |
| Kidney Health Evaluation for Patients With Diabetes⁵ | | | | | |
| <i>Ages 18 to 64 Years</i> | — | — | 31.06% | NC | NC |
| <i>Ages 65 to 74 Years</i> | — | — | 36.07% | NC | NC |
| <i>Ages 75 to 85 Years</i> | — | — | 35.43% | NC | NC |
| <i>Total</i> | — | — | 31.21% | NC | NC |
| Asthma Medication Ratio | | | | | |
| <i>Total</i> | 62.95% | 63.10% | 60.15% | -2.95 ⁺⁺ | ★★ |
| Controlling High Blood Pressure⁴ | | | | | |
| <i>Controlling High Blood Pressure</i> | — | — | 51.82% | NC | NC |
| Medical Assistance With Smoking and Tobacco Use Cessation | | | | | |
| <i>Advising Smokers and Tobacco Users to Quit</i> | 80.83% | 78.06% | 75.72% | -2.34 | ★★ |
| <i>Discussing Cessation Medications</i> | 56.05% | 55.05% | 56.12% | +1.07 | ★★★ |
| <i>Discussing Cessation Strategies</i> | 47.62% | 46.86% | 46.81% | -0.05 | ★★ |
| Antidepressant Medication Management | | | | | |
| <i>Effective Acute Phase Treatment</i> | 53.57% | 52.58% | 50.48% | -2.10 ⁺⁺ | ★★ |

| Measure | HEDIS MY 2018 | HEDIS MY 2019 | HEDIS MY 2020 | MY 2019–MY 2020 Comparison ¹ | MY 2020 Performance Level ² |
|---|---------------|---------------|---------------|---|--|
| <i>Effective Continuation Phase Treatment</i> | 37.03% | 35.43% | 33.33% | -2.10 ⁺⁺ | ★ |
| Diabetes Screening for People With Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications | | | | | |
| <i>Diabetes Screening for People With Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications</i> | 86.06% | 86.14% | 81.52% | -4.62 ⁺⁺ | ★★ |
| Diabetes Monitoring for People With Diabetes and Schizophrenia | | | | | |
| <i>Diabetes Monitoring for People With Diabetes and Schizophrenia</i> | 71.46% | 73.60% | 61.17% | -12.43 ⁺⁺ | ★ |
| Cardiovascular Monitoring for People With Cardiovascular Disease and Schizophrenia | | | | | |
| <i>Cardiovascular Monitoring for People With Cardiovascular Disease and Schizophrenia</i> | 72.06% | 79.55% | 61.90% | -17.65 ⁺⁺ | ★ |
| Adherence to Antipsychotic Medications for Individuals With Schizophrenia | | | | | |
| <i>Adherence to Antipsychotic Medications for Individuals With Schizophrenia</i> | 69.06% | 69.10% | 68.04% | -1.06 | ★★★★ |
| Health Plan Diversity⁵ | | | | | |
| Race/Ethnicity Diversity of Membership | | | | | |
| <i>Total—White</i> | 54.61% | 59.99% | 59.95% | -0.04 | NC |
| <i>Total—Black or African American</i> | 18.96% | 21.94% | 22.36% | +0.42 | NC |
| <i>Total—American—Indian and Alaska Native</i> | 0.37% | 0.47% | 0.48% | +0.01 | NC |
| <i>Total—Asian</i> | 0.66% | 3.04% | 2.43% | -0.61 | NC |
| <i>Total—Native Hawaiian and Other Pacific Islander</i> | 0.05% | 0.07% | 0.08% | +0.01 | NC |
| <i>Total—Some Other Race</i> | 0.19% | 0.02% | 0.00% | -0.02 | NC |
| <i>Total—Two or More Races</i> | 0.00% | 0.00% | 0.00% | 0.00 | NC |
| <i>Total—Unknown³</i> | 5.12% | 6.70% | 14.70% | +8.00 | NC |
| <i>Total—Declined³</i> | 20.05% | 7.76% | 0.00% | -7.76 | NC |
| <i>Total—Hispanic or Latino³</i> | 5.10% | 6.40% | 0.00% | -6.40 | NC |

| Measure | HEDIS MY 2018 | HEDIS MY 2019 | HEDIS MY 2020 | MY 2019–MY 2020 Comparison ¹ | MY 2020 Performance Level ² |
|---|---------------|---------------|---------------|---|--|
| Language Diversity of Membership | | | | | |
| Spoken Language Preferred for Health Care—English | 98.62% | 98.53% | 98.48% | -0.05 | NC |
| Spoken Language Preferred for Health Care—Non-English | 1.38% | 1.44% | 0.67% | -0.77 | NC |
| Spoken Language Preferred for Health Care—Unknown | 0.00% | 0.04% | 0.84% | +0.80 | NC |
| Spoken Language Preferred for Health Care—Declined | 0.00% | 0.00% | 0.00% | 0.00 | NC |
| Language Preferred for Written Materials—English | 98.62% | 98.53% | 98.48% | -0.05 | NC |
| Language Preferred for Written Materials—Non-English | 1.38% | 1.44% | 0.67% | -0.77 | NC |
| Language Preferred for Written Materials—Unknown | 0.00% | 0.04% | 0.84% | +0.80 | NC |
| Language Preferred for Written Materials—Declined | 0.00% | 0.00% | 0.00% | 0.00 | NC |
| Other Language Needs—English | 98.62% | 98.53% | 98.48% | -0.05 | NC |
| Other Language Needs—Non-English | 1.38% | 1.44% | 0.67% | -0.77 | NC |
| Other Language Needs—Unknown | 0.00% | 0.04% | 0.84% | +0.80 | NC |
| Other Language Needs—Declined | 0.00% | 0.00% | 0.00% | 0.00 | NC |
| Utilization⁶ | | | | | |
| Ambulatory Care—Total (Per 1,000 Member Months) | | | | | |
| Emergency Department Visits—Total* | 68.41 | 64.84 | 45.54 | -19.30 | ★★★★ |
| Outpatient Visits—Total | 396.93 | 389.60 | 397.73 | +8.13 | NC |
| Inpatient Utilization—General Hospital/Acute Care—Total | | | | | |
| Discharges per 1,000 Member Months—Total Inpatient—Total All Ages | 7.59 | 7.44 | 6.67 | -0.77 | NC |

| Measure | HEDIS MY 2018 | HEDIS MY 2019 | HEDIS MY 2020 | MY 2019–MY 2020 Comparison ¹ | MY 2020 Performance Level ² |
|---|---------------|---------------|---------------|---|--|
| Average Length of Stay—Total Inpatient—Total All Ages | 3.98 | 4.05 | 4.30 | +0.25 | NC |
| Discharges per 1,000 Member Months—Maternity—Total All Ages | 2.99 | 2.88 | 2.63 | -0.25 | NC |
| Average Length of Stay—Maternity—Total All Ages | 2.54 | 2.53 | 2.67 | +0.14 | NC |
| Discharges per 1,000 Member Months—Surgery—Total All Ages | 1.76 | 1.76 | 1.52 | -0.24 | NC |
| Average Length of Stay—Surgery—Total All Ages | 6.45 | 6.56 | 7.18 | +0.62 | NC |
| Discharges per 1,000 Member Months—Medicine—Total All Ages | 3.69 | 3.62 | 3.25 | -0.37 | NC |
| Average Length of Stay—Medicine—Total All Ages | 3.64 | 3.70 | 3.91 | +0.21 | NC |
| Use of Opioids From Multiple Providers^{*,3} | | | | | |
| Multiple Prescribers | 18.12% | 15.44% | 14.84% | -0.60 | ★★★★ |
| Multiple Pharmacies | 5.64% | 3.73% | 3.78% | +0.05 | ★★★ |
| Multiple Prescribers and Multiple Pharmacies | 3.10% | 2.08% | 2.59% | +0.51 ⁺⁺ | ★★★ |
| Use of Opioids at High Dosage^{*,3} | | | | | |
| Use of Opioids at High Dosage* | — | 3.31% | 2.65% | -0.66 ⁺ | ★★★★ |
| Risk of Continued Opioid Use^{*,3} | | | | | |
| At Least 15 Days Covered—Total | 15.52% | 13.21% | 9.38% | -3.83 ⁺ | ★★ |
| At Least 31 Days Covered—Total | 6.76% | 6.70% | 5.91% | -0.79 ⁺ | ★ |
| Plan All-Cause Readmissions | | | | | |
| Observed Readmissions—Total* | — | 8.21% | 8.60% | +0.39 | ★★★ |
| Expected Readmissions—Total* | — | 10.28% | 9.60% | -0.68 ⁺ | ★★★ |
| O/E Ratio—Total* | — | 0.80 | 0.90 | +0.10 ⁺⁺ | ★★★★ |

¹HEDIS MY 2019 to HEDIS MY 2020 comparisons were based on a Chi-square test of statistical significance with a p value of <0.05. MY 2019–MY 2020 Comparisons shaded green with one cross (+) indicate significant improvement from the previous year. MY 2019–MY 2020 Comparisons shaded red with two crosses (++) indicate a significant decline in performance from the previous year.

²HEDIS MY 2020 Performance Levels were based on comparisons of the HEDIS MY 2020 measure indicator rates to national Medicaid Quality Compass HEDIS MY 2019 benchmarks, with the exception of the Plan All-Cause Readmissions measure indicator rates, which were compared to the national Medicaid NCQA Audit Means and Percentiles HEDIS MY 2019 benchmark.

³Due to changes in the technical specifications for this measure, NCQA recommends trending between MY 2020 and prior years be considered with caution.

⁴Due to changes in the technical specifications for this measure, NCQA recommends a break in trending between MY 2020 and prior years; therefore, prior years' rates are not displayed and comparisons to benchmarks are not performed for this measure.

⁵This measure is a first-year measure; therefore, the prior year's rates cannot be displayed and comparisons to benchmarks cannot be performed for this measure as benchmarks are not yet available.

⁶Significance testing was not performed for utilization-based or health plan description measure indicator rates and any Performance Levels for MY 2020 or MY 2019–MY 2020 Comparisons provided for these measures are for information purposes only.

* For this indicator, a lower rate indicates better performance.

— indicates that the rate is not presented in this report as the measure is a first-year measure; therefore, no trending information is available. This symbol may also indicate that NCQA recommended a break in trending; therefore, no prior year rates are displayed.

NC indicates that a comparison is not appropriate, or the measure did not have an applicable benchmark. HEDIS MY 2020 Performance Levels represent the following percentile comparisons:

★★★★★ = 90th percentile and above

★★★★ = 75th to 89th percentile

★★★ = 50th to 74th percentile

★★ = 25th to 49th percentile

★ = Below 25th percentile

Table B-6—MOL Trend Table

| Measure | HEDIS MY 2018 | HEDIS MY 2019 | HEDIS MY 2020 | MY 2019–MY 2020 Comparison ¹ | MY 2020 Performance Level ² |
|---|---------------|---------------|---------------|---|--|
| Child & Adolescent Care | | | | | |
| Childhood Immunization Status | | | | | |
| Combination 2 | 75.91% | 75.91% | 71.29% | -4.62 | ★★ |
| Combination 3 | 71.29% | 71.29% | 67.15% | -4.14 | ★★ |
| Combination 4 | 70.32% | 70.32% | 66.18% | -4.14 | ★★ |
| Combination 5 | 61.80% | 61.80% | 59.37% | -2.43 | ★★ |
| Combination 6 | 38.93% | 38.93% | 37.23% | -1.70 | ★★ |
| Combination 7 | 61.07% | 61.07% | 58.64% | -2.43 | ★★ |
| Combination 8 | 38.93% | 38.93% | 36.98% | -1.95 | ★★ |
| Combination 9 | 33.82% | 33.82% | 34.06% | +0.24 | ★★ |
| Combination 10 | 33.82% | 33.82% | 33.82% | 0.00 | ★★ |
| Well-Child Visits in the First 30 Months of Life | | | | | |
| Well-Child Visits in the First 15 Months—Six or More Well-Child Visits ⁴ | — | — | 59.93% | NC | NC |
| Well-Child Visits for Age 15 Months to 30 Months—Two or More Well-Child Visits ⁵ | — | — | 67.01% | NC | NC |
| Lead Screening in Children | | | | | |
| Lead Screening in Children | 78.83% | 78.83% | 72.14% | -6.69 ⁺⁺ | ★★ |
| Child and Adolescent Well-Care Visits⁴ | | | | | |
| Ages 3 to 11 Years | — | — | 51.03% | NC | NC |
| Ages 12 to 17 Years | — | — | 45.06% | NC | NC |
| Ages 18 to 21 Years | — | — | 29.85% | NC | NC |
| Total | — | — | 45.75% | NC | NC |
| Immunizations for Adolescents | | | | | |
| Combination 1 (Meningococcal, Tdap) | 88.56% | 87.59% | 83.70% | -3.89 | ★★★★ |
| Combination 2 (Meningococcal, Tdap, HPV) | — | 42.09% | 42.34% | +0.25 | ★★★★ |
| Follow-Up Care for Children Prescribed ADHD Medication³ | | | | | |
| Initiation Phase | 54.32% | 43.00% | 51.67% | +8.67 ⁺ | ★★★★ |
| Continuation and Maintenance Phase | 68.20% | 47.17% | 65.49% | +18.32 ⁺ | ★★★★ |

| Measure | HEDIS MY 2018 | HEDIS MY 2019 | HEDIS MY 2020 | MY 2019–MY 2020 Comparison ¹ | MY 2020 Performance Level ² |
|--|---------------|---------------|---------------|---|--|
| Women—Adult Care | | | | | |
| Chlamydia Screening in Women | | | | | |
| Ages 16 to 20 Years | 66.65% | 65.32% | 59.09% | -6.23 ⁺⁺ | ★★★★ |
| Ages 21 to 24 Years | 70.08% | 71.11% | 65.40% | -5.71 ⁺⁺ | ★★★★ |
| Total | 68.09% | 67.64% | 61.79% | -5.85 ⁺⁺ | ★★★★ |
| Cervical Cancer Screening³ | | | | | |
| Cervical Cancer Screening | 67.40% | 67.40% | 63.99% | -3.41 | ★★★★ |
| Breast Cancer Screening³ | | | | | |
| Breast Cancer Screening | 59.49% | 59.27% | 55.52% | -3.75 ⁺⁺ | ★★ |
| Access to Care | | | | | |
| Adults' Access to Preventive/Ambulatory Health Services | | | | | |
| Ages 20 to 44 Years | 78.52% | 78.91% | 75.54% | -3.37 ⁺⁺ | ★★ |
| Ages 45 to 64 Years | 87.40% | 87.19% | 85.30% | -1.89 ⁺⁺ | ★★ |
| 65 Years and Older | 94.07% | 93.18% | 90.28% | -2.90 ⁺⁺ | ★★★★ |
| Total | 82.47% | 82.61% | 79.57% | -3.04 ⁺⁺ | ★★ |
| Avoidance of Antibiotic Treatment for Acute Bronchitis/Bronchiolitis | | | | | |
| Ages 3 Months to 17 Years | — | 56.03% | 58.59% | +2.56 ⁺ | ★★ |
| Ages 18 to 64 Years | — | 37.43% | 38.65% | +1.22 | ★★★★ |
| Ages 65 Years and Older | — | 38.14% | 22.73% | -15.41 ⁺⁺ | ★ |
| Total | — | 47.10% | 48.76% | +1.66 ⁺ | ★★ |
| Appropriate Testing for Pharyngitis³ | | | | | |
| Ages 3 to 17 Years | — | 72.02% | 70.08% | -1.94 ⁺⁺ | ★ |
| Ages 18 to 64 Years | — | 54.73% | 52.12% | -2.61 ⁺⁺ | ★ |
| Ages 65 Years and Older | — | 41.67% | 24.00% | -17.67 | ★★★★ |
| Total | — | 66.65% | 63.70% | -2.95 ⁺⁺ | ★ |
| Appropriate Treatment for Upper Respiratory Infection | | | | | |
| Ages 3 Months to 17 Years | — | 88.42% | 89.18% | +0.76 ⁺ | ★★ |
| Ages 18 to 64 Years | — | 73.82% | 76.95% | +3.13 ⁺ | ★★★★ |
| Ages 65 Years and Older | — | 65.93% | 61.31% | -4.62 | ★ |
| Total | — | 84.57% | 85.63% | +1.06 ⁺ | ★★ |
| Obesity | | | | | |
| Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents | | | | | |
| Body Mass Index (BMI) Percentile—Total ³ | 81.27% | 85.67% | 76.89% | -8.78 ⁺⁺ | ★★ |
| Counseling for Nutrition—Total | 75.18% | 74.63% | 70.80% | -3.83 | ★★ |

| Measure | HEDIS MY 2018 | HEDIS MY 2019 | HEDIS MY 2020 | MY 2019–MY 2020 Comparison ¹ | MY 2020 Performance Level ² |
|--|---------------|---------------|---------------|---|--|
| <i>Counseling for Physical Activity—Total</i> | 72.02% | 74.33% | 67.64% | -6.69 ⁺⁺ | ★★★ |
| Pregnancy Care | | | | | |
| Prenatal and Postpartum Care³ | | | | | |
| <i>Timeliness of Prenatal Care</i> | — | 97.81% | 81.27% | -16.54 ⁺⁺ | ★ |
| <i>Postpartum Care</i> | — | 77.86% | 70.32% | -7.54 ⁺⁺ | ★ |
| Living With Illness | | | | | |
| Comprehensive Diabetes Care | | | | | |
| <i>Hemoglobin A1c (HbA1c) Testing³</i> | 87.10% | 89.29% | 82.73% | -6.56 ⁺⁺ | ★ |
| <i>HbA1c Poor Control (>9.0%)*³</i> | 41.36% | 37.23% | 44.77% | +7.54 ⁺⁺ | ★★ |
| <i>HbA1c Control (<8.0%)*³</i> | 49.15% | 52.07% | 43.31% | -8.76 ⁺⁺ | ★ |
| <i>Eye Exam (Retinal) Performed³</i> | 59.37% | 58.88% | 53.28% | -5.60 | ★★ |
| <i>Blood Pressure Control (<140/90 mm Hg)⁴</i> | — | — | 56.93% | NC | NC |
| Kidney Health Evaluation for Patients With Diabetes⁵ | | | | | |
| <i>Ages 18 to 64 Years</i> | — | — | 30.64% | NC | NC |
| <i>Ages 65 to 74 Years</i> | — | — | 33.74% | NC | NC |
| <i>Ages 75 to 85 Years</i> | — | — | 34.29% | NC | NC |
| <i>Total</i> | — | — | 30.94% | NC | NC |
| Asthma Medication Ratio | | | | | |
| <i>Total</i> | 60.16% | 55.87% | 52.96% | -2.91 ⁺⁺ | ★ |
| Controlling High Blood Pressure | | | | | |
| <i>Controlling High Blood Pressure³</i> | — | — | 50.85% | NC | NC |
| Medical Assistance With Smoking and Tobacco Use Cessation | | | | | |
| <i>Advising Smokers and Tobacco Users to Quit</i> | 80.00% | 77.25% | 73.80% | -3.45 | ★ |
| <i>Discussing Cessation Medications</i> | 56.54% | 58.59% | 58.38% | -0.21 | ★★★ |
| <i>Discussing Cessation Strategies</i> | 45.59% | 49.61% | 51.35% | +1.74 | ★★★ |
| Antidepressant Medication Management | | | | | |
| <i>Effective Acute Phase Treatment</i> | 57.07% | 43.73% | 61.61% | +17.88 ⁺ | ★★★★ |

| Measure | HEDIS MY 2018 | HEDIS MY 2019 | HEDIS MY 2020 | MY 2019–MY 2020 Comparison ¹ | MY 2020 Performance Level ² |
|---|---------------|---------------|---------------|---|--|
| <i>Effective Continuation Phase Treatment</i> | 40.40% | 26.47% | 43.83% | +17.36 ⁺ | ★★★★ |
| Diabetes Screening for People With Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications | | | | | |
| <i>Diabetes Screening for People With Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications</i> | 85.98% | 84.56% | 78.55% | -6.01 ⁺⁺ | ★ |
| Diabetes Monitoring for People With Diabetes and Schizophrenia | | | | | |
| <i>Diabetes Monitoring for People With Diabetes and Schizophrenia</i> | 71.26% | 69.18% | 62.18% | -7.00 ⁺⁺ | ★ |
| Cardiovascular Monitoring for People With Cardiovascular Disease and Schizophrenia | | | | | |
| <i>Cardiovascular Monitoring for People With Cardiovascular Disease and Schizophrenia</i> | 76.74% | 71.67% | 67.27% | -4.40 | ★ |
| Adherence to Antipsychotic Medications for Individuals With Schizophrenia | | | | | |
| <i>Adherence to Antipsychotic Medications for Individuals With Schizophrenia</i> | 64.60% | 41.22% | 71.35% | +30.13 ⁺ | ★★★★ |
| Health Plan Diversity⁵ | | | | | |
| Race/Ethnicity Diversity of Membership | | | | | |
| <i>Total—White</i> | 45.40% | 45.25% | 45.74% | +0.49 | NC |
| <i>Total—Black or African American</i> | 34.44% | 34.24% | 34.04% | -0.20 | NC |
| <i>Total—American-Indian and Alaska Native</i> | 0.26% | 0.27% | 0.27% | 0.00 | NC |
| <i>Total—Asian</i> | 0.30% | 0.29% | 0.30% | +0.01 | NC |
| <i>Total—Native Hawaiian and Other Pacific Islander</i> | 0.00% | 0.00% | 0.00% | 0.00 | NC |
| <i>Total—Some Other Race</i> | 0.00% | 0.00% | 0.00% | 0.00 | NC |
| <i>Total—Two or More Races</i> | 0.00% | 0.00% | 0.00% | 0.00 | NC |
| <i>Total—Unknown³</i> | 19.60% | 19.95% | 19.64% | -0.31 | NC |
| <i>Total—Declined³</i> | 0.00% | 0.00% | 0.00% | 0.00 | NC |
| <i>Total—Hispanic or Latino³</i> | 6.76% | 6.90% | 6.92% | +0.02 | NC |

| Measure | HEDIS MY 2018 | HEDIS MY 2019 | HEDIS MY 2020 | MY 2019–MY 2020 Comparison ¹ | MY 2020 Performance Level ² |
|---|---------------|---------------|---------------|---|--|
| Language Diversity of Membership | | | | | |
| Spoken Language Preferred for Health Care—English | 98.64% | 98.52% | 98.51% | -0.01 | NC |
| Spoken Language Preferred for Health Care—Non-English | 1.32% | 1.43% | 1.47% | +0.04 | NC |
| Spoken Language Preferred for Health Care—Unknown | 0.04% | 0.05% | 0.02% | -0.03 | NC |
| Spoken Language Preferred for Health Care—Declined | 0.00% | 0.00% | 0.00% | 0.00 | NC |
| Language Preferred for Written Materials—English | 98.64% | 98.52% | 98.51% | -0.01 | NC |
| Language Preferred for Written Materials—Non-English | 1.32% | 1.43% | 1.47% | +0.04 | NC |
| Language Preferred for Written Materials—Unknown | 0.04% | 0.05% | 0.02% | -0.03 | NC |
| Language Preferred for Written Materials—Declined | 0.00% | 0.00% | 0.00% | 0.00 | NC |
| Other Language Needs—English | 98.64% | 98.52% | 98.51% | -0.01 | NC |
| Other Language Needs—Non-English | 1.32% | 1.43% | 1.47% | +0.04 | NC |
| Other Language Needs—Unknown | 0.04% | 0.05% | 0.02% | -0.03 | NC |
| Other Language Needs—Declined | 0.00% | 0.00% | 0.00% | 0.00 | NC |
| Utilization⁶ | | | | | |
| Ambulatory Care—Total (Per 1,000 Member Months) | | | | | |
| Emergency Department Visits—Total* | 68.48 | 66.87 | 47.07 | -19.80 | ★★★★ |
| Outpatient Visits—Total | 418.38 | 429.45 | 340.07 | -89.38 | NC |
| Inpatient Utilization—General Hospital/Acute Care—Total | | | | | |
| Discharges per 1,000 Member Months—Total Inpatient—Total All Ages | 7.34 | 7.20 | 5.99 | -1.21 | NC |

| Measure | HEDIS MY 2018 | HEDIS MY 2019 | HEDIS MY 2020 | MY 2019–MY 2020 Comparison ¹ | MY 2020 Performance Level ² |
|---|---------------|---------------|---------------|---|--|
| Average Length of Stay—Total Inpatient—Total All Ages | 4.57 | 4.80 | 5.13 | +0.33 | NC |
| Discharges per 1,000 Member Months—Maternity—Total All Ages | 2.62 | 2.69 | 2.44 | -0.25 | NC |
| Average Length of Stay—Maternity—Total All Ages | 2.78 | 2.85 | 2.83 | -0.02 | NC |
| Discharges per 1,000 Member Months—Surgery—Total All Ages | 1.72 | 1.70 | 1.35 | -0.35 | NC |
| Average Length of Stay—Surgery—Total All Ages | 7.41 | 8.16 | 9.18 | +1.02 | NC |
| Discharges per 1,000 Member Months—Medicine—Total All Ages | 3.73 | 3.56 | 2.86 | -0.70 | NC |
| Average Length of Stay—Medicine—Total All Ages | 4.16 | 4.25 | 4.65 | +0.40 | NC |
| Use of Opioids From Multiple Providers^{*,3} | | | | | |
| Multiple Prescribers | 18.63% | 14.07% | 13.36% | -0.71 | ★★★★★ |
| Multiple Pharmacies | 5.64% | 3.84% | 2.75% | -1.09 ⁺ | ★★★★ |
| Multiple Prescribers and Multiple Pharmacies | 3.37% | 2.06% | 1.70% | -0.36 ⁺ | ★★★ |
| Use of Opioids at High Dosage^{*,3} | | | | | |
| Use of Opioids at High Dosage* | — | 2.29% | 2.15% | -0.14 | ★★★★ |
| Risk of Continued Opioid Use^{*,3} | | | | | |
| At Least 15 Days Covered—Total | 19.29% | 12.76% | 9.82% | -2.94 ⁺ | ★ |
| At Least 31 Days Covered—Total | 7.93% | 6.62% | 6.95% | +0.33 | ★ |
| Plan All-Cause Readmissions | | | | | |
| Observed Readmissions—Total* | — | 8.87% | 9.43% | +0.56 | ★★★ |
| Expected Readmissions—Total* | — | 9.56% | 9.90% | +0.34 | ★★ |
| O/E Ratio—Total* | — | 0.93 | 0.95 | +0.02 ⁺⁺ | ★★★ |

¹HEDIS MY 2019 to HEDIS MY 2020 comparisons were based on a Chi-square test of statistical significance with a p value of <0.05. MY 2019–MY 2020 Comparisons shaded green with one cross (+) indicate significant improvement from the previous year. MY 2019–MY 2020 Comparisons shaded red with two crosses (++) indicate a significant decline in performance from the previous year.

²HEDIS MY 2020 Performance Levels were based on comparisons of the HEDIS MY 2020 measure indicator rates to national Medicaid Quality Compass HEDIS MY 2019 benchmarks, with the exception of the Plan All-Cause Readmissions measure indicator rates, which were compared to the national Medicaid NCQA Audit Means and Percentiles HEDIS MY 2019 benchmark.

³Due to changes in the technical specifications for this measure, NCQA recommends trending between MY 2020 and prior years be considered with caution.

⁴Due to changes in the technical specifications for this measure, NCQA recommends a break in trending between MY 2020 and prior years; therefore, prior years' rates are not displayed and comparisons to benchmarks are not performed for this measure.

⁵This measure is a first-year measure; therefore, the prior year's rates cannot be displayed and comparisons to benchmarks cannot be performed for this measure as benchmarks are not yet available.

⁶Significance testing was not performed for utilization-based or health plan description measure indicator rates and any Performance Levels for MY 2020 or MY 2019–MY 2020 Comparisons provided for these measures are for information purposes only.

* For this indicator, a lower rate indicates better performance.

— indicates that the rate is not presented in this report as the measure is a first-year measure; therefore, no trending information is available. This symbol may also indicate that NCQA recommended a break in trending; therefore, no prior year rates are displayed.

NC indicates that a comparison is not appropriate, or the measure did not have an applicable benchmark. HEDIS MY 2020 Performance Levels represent the following percentile comparisons:

★★★★★ = 90th percentile and above

★★★★ = 75th to 89th percentile

★★★ = 50th to 74th percentile

★★ = 25th to 49th percentile

★ = Below 25th percentile

Table B-7—PRI Trend Table

| Measure | HEDIS MY 2018 | HEDIS MY 2019 | HEDIS MY 2020 | MY 2019–MY 2020 Comparison ¹ | MY 2020 Performance Level ² |
|---|---------------|---------------|---------------|---|--|
| Child & Adolescent Care | | | | | |
| Childhood Immunization Status | | | | | |
| Combination 2 | 80.05% | 80.05% | 75.91% | -4.14 | ★★★ |
| Combination 3 | 76.89% | 76.89% | 74.70% | -2.19 | ★★★ |
| Combination 4 | 76.40% | 76.40% | 73.72% | -2.68 | ★★★★ |
| Combination 5 | 69.10% | 69.10% | 66.67% | -2.43 | ★★★★ |
| Combination 6 | 51.82% | 51.82% | 53.53% | +1.71 | ★★★★ |
| Combination 7 | 68.86% | 68.86% | 65.94% | -2.92 | ★★★★ |
| Combination 8 | 51.82% | 51.82% | 53.04% | +1.22 | ★★★★ |
| Combination 9 | 47.93% | 47.93% | 48.42% | +0.49 | ★★★★ |
| Combination 10 | 47.93% | 47.93% | 47.93% | 0.00 | ★★★★ |
| Well-Child Visits in the First 30 Months of Life | | | | | |
| Well-Child Visits in the First 15 Months—Six or More Well-Child Visits ⁴ | — | — | 65.77% | NC | NC |
| Well-Child Visits for Age 15 Months to 30 Months—Two or More Well-Child Visits ⁵ | — | — | 75.71% | NC | NC |
| Lead Screening in Children | | | | | |
| Lead Screening in Children | 82.00% | 82.00% | 78.35% | -3.65 | ★★★ |
| Child and Adolescent Well-Care Visits⁴ | | | | | |
| Ages 3 to 11 Years | — | — | 55.86% | NC | NC |
| Ages 12 to 17 Years | — | — | 46.32% | NC | NC |
| Ages 18 to 21 Years | — | — | 28.87% | NC | NC |
| Total | — | — | 49.14% | NC | NC |
| Immunizations for Adolescents | | | | | |
| Combination 1 (Meningococcal, Tdap) | 83.70% | 87.35% | 87.59% | +0.24 | ★★★★ |
| Combination 2 (Meningococcal, Tdap, HPV) | — | 50.85% | 45.99% | -4.86 | ★★★★ |
| Follow-Up Care for Children Prescribed ADHD Medication³ | | | | | |
| Initiation Phase | 26.15% | 36.56% | 37.07% | +0.51 | ★★ |
| Continuation and Maintenance Phase | 26.23% | 40.30% | 42.59% | +2.29 | ★ |

| Measure | HEDIS MY 2018 | HEDIS MY 2019 | HEDIS MY 2020 | MY 2019–MY 2020 Comparison ¹ | MY 2020 Performance Level ² |
|--|---------------|---------------|---------------|---|--|
| Women—Adult Care | | | | | |
| Chlamydia Screening in Women | | | | | |
| Ages 16 to 20 Years | 68.22% | 67.87% | 58.78% | -9.09 ⁺⁺ | ★★★ |
| Ages 21 to 24 Years | 70.23% | 68.88% | 63.95% | -4.93 ⁺⁺ | ★★ |
| Total | 69.06% | 68.30% | 61.05% | -7.25 ⁺⁺ | ★★★ |
| Cervical Cancer Screening³ | | | | | |
| Cervical Cancer Screening | 68.61% | 73.24% | 67.88% | -5.36 | ★★★★ |
| Breast Cancer Screening³ | | | | | |
| Breast Cancer Screening | 64.48% | 66.04% | 64.51% | -1.53 | ★★★★ |
| Access to Care | | | | | |
| Adults' Access to Preventive/Ambulatory Health Services | | | | | |
| Ages 20 to 44 Years | 81.39% | 81.45% | 76.55% | -4.90 ⁺⁺ | ★★ |
| Ages 45 to 64 Years | 88.98% | 89.15% | 85.47% | -3.68 ⁺⁺ | ★★ |
| 65 Years and Older | 94.70% | 94.82% | 91.77% | -3.05 ⁺⁺ | ★★★ |
| Total | 84.69% | 84.72% | 80.06% | -4.66 ⁺⁺ | ★★ |
| Avoidance of Antibiotic Treatment for Acute Bronchitis/Bronchiolitis | | | | | |
| Ages 3 Months to 17 Years | — | 69.89% | 71.56% | +1.67 | ★★★★ |
| Ages 18 to 64 Years | — | 45.63% | 48.74% | +3.11 | ★★★★ |
| Ages 65 Years And Older | — | NA | NA | NC | NC |
| Total | — | 55.95% | 59.51% | +3.56 ⁺ | ★★★★ |
| Appropriate Testing for Pharyngitis³ | | | | | |
| Ages 3 to 17 Years | — | 82.40% | 81.08% | -1.32 | ★★ |
| Ages 18 to 64 Years | — | 72.26% | 68.19% | -4.07 ⁺⁺ | ★★★ |
| Ages 65 Years And Older | — | NA | NA | NC | NC |
| Total | — | 78.75% | 76.32% | -2.43 ⁺⁺ | ★★ |
| Appropriate Treatment for Upper Respiratory Infection | | | | | |
| Ages 3 Months to 17 Years | — | 94.65% | 95.18% | +0.53 | ★★★★ |
| Ages 18 to 64 Years | — | 86.80% | 87.57% | +0.77 | ★★★★ |
| Ages 65 Years And Older | — | 83.33% | 89.74% | +6.41 | ★★★★ |
| Total | — | 92.45% | 93.04% | +0.59 | ★★★★ |
| Obesity | | | | | |
| Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents | | | | | |
| Body Mass index (BMI) Percentile—Total ³ | 91.48% | 93.43% | 90.02% | -3.41 | ★★★★ |
| Counseling for Nutrition—Total | 79.32% | 85.16% | 81.75% | -3.41 | ★★★★ |

| Measure | HEDIS MY 2018 | HEDIS MY 2019 | HEDIS MY 2020 | MY 2019–MY 2020 Comparison ¹ | MY 2020 Performance Level ² |
|--|---------------|---------------|---------------|---|--|
| <i>Counseling for Physical Activity—Total</i> | 79.32% | 84.43% | 80.29% | -4.14 | ★★★★ |
| Pregnancy Care | | | | | |
| Prenatal and Postpartum Care³ | | | | | |
| <i>Timeliness of Prenatal Care</i> | — | 92.21% | 86.37% | -5.84 ⁺⁺ | ★★ |
| <i>Postpartum Care</i> | — | 80.05% | 79.56% | -0.49 | ★★★★ |
| Living With Illness | | | | | |
| Comprehensive Diabetes Care | | | | | |
| <i>Hemoglobin A1c (HbA1c) Testing³</i> | 93.43% | 92.70% | 90.51% | -2.19 | ★★★★ |
| <i>HbA1c Poor Control (>9.0%)*³</i> | 28.47% | 26.28% | 28.47% | +2.19 | ★★★★ |
| <i>HbA1c Control (<8.0%)*³</i> | 61.50% | 65.94% | 60.58% | -5.36 | ★★★★ |
| <i>Eye Exam (Retinal) Performed³</i> | 69.53% | 72.75% | 63.02% | -9.73 ⁺⁺ | ★★★★ |
| <i>Blood Pressure Control (<140/90 mm Hg)⁴</i> | — | — | 75.91% | NC | NC |
| Kidney Health Evaluation for Patients With Diabetes⁵ | | | | | |
| <i>Ages 18 to 64 Years</i> | — | — | 38.84% | NC | NC |
| <i>Ages 65 to 74 Years</i> | — | — | 31.63% | NC | NC |
| <i>Ages 75 to 85 Years</i> | — | — | 36.36% | NC | NC |
| <i>Total</i> | — | — | 38.23% | NC | NC |
| Asthma Medication Ratio | | | | | |
| <i>Total</i> | 70.40% | 71.70% | 73.36% | +1.66 | ★★★★ |
| Controlling High Blood Pressure³ | | | | | |
| <i>Controlling High Blood Pressure</i> | — | — | 74.94% | NC | NC |
| Medical Assistance With Smoking and Tobacco Use Cessation | | | | | |
| <i>Advising Smokers and Tobacco Users to Quit</i> | 81.94% | 81.78% | 79.39% | -2.39 | ★★★★ |
| <i>Discussing Cessation Medications</i> | 57.42% | 58.88% | 56.29% | -2.59 | ★★★★ |
| <i>Discussing Cessation Strategies</i> | 50.16% | 55.14% | 51.22% | -3.92 | ★★★★ |
| Antidepressant Medication Management | | | | | |
| <i>Effective Acute Phase Treatment</i> | 79.84% | 74.59% | 62.76% | -11.83 ⁺⁺ | ★★★★ |

| Measure | HEDIS MY 2018 | HEDIS MY 2019 | HEDIS MY 2020 | MY 2019–MY 2020 Comparison ¹ | MY 2020 Performance Level ² |
|---|---------------|---------------|---------------|---|--|
| <i>Effective Continuation Phase Treatment</i> | 66.67% | 55.74% | 45.30% | -10.44 ⁺⁺ | ★★★★ |
| Diabetes Screening for People With Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications | | | | | |
| <i>Diabetes Screening for People With Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications</i> | 85.12% | 84.17% | 80.64% | -3.53 | ★★ |
| Diabetes Monitoring for People With Diabetes and Schizophrenia | | | | | |
| <i>Diabetes Monitoring for People With Diabetes and Schizophrenia</i> | 54.84% | 57.69% | 61.00% | +3.31 | ★ |
| Cardiovascular Monitoring for People With Cardiovascular Disease and Schizophrenia | | | | | |
| <i>Cardiovascular Monitoring for People With Cardiovascular Disease and Schizophrenia</i> | NA | NA | NA | NC | NC |
| Adherence to Antipsychotic Medications for Individuals With Schizophrenia | | | | | |
| <i>Adherence to Antipsychotic Medications for Individuals With Schizophrenia</i> | 65.24% | 75.11% | 72.27% | -2.84 | ★★★★ |
| Health Plan Diversity⁵ | | | | | |
| Race/Ethnicity Diversity of Membership | | | | | |
| <i>Total—White</i> | 60.16% | 58.71% | 59.62% | +0.91 | NC |
| <i>Total—Black or African American</i> | 14.30% | 14.63% | 15.20% | +0.57 | NC |
| <i>Total—American-Indian and Alaska Native</i> | 0.53% | 0.55% | 0.55% | 0.00 | NC |
| <i>Total—Asian</i> | 0.77% | 1.81% | 0.97% | -0.84 | NC |
| <i>Total—Native Hawaiian and Other Pacific Islander</i> | 0.05% | 0.07% | 0.08% | +0.01 | NC |
| <i>Total—Some Other Race</i> | 0.00% | 0.00% | 0.00% | 0.00 | NC |
| <i>Total—Two or More Races</i> | 0.00% | 0.00% | 0.00% | 0.00 | NC |
| <i>Total—Unknown³</i> | 24.18% | 24.23% | 23.58% | -0.65 | NC |
| <i>Total—Declined³</i> | 0.00% | 0.00% | 0.00% | 0.00 | NC |
| <i>Total—Hispanic or Latino³</i> | 10.53% | 10.98% | 11.27% | +0.29 | NC |

| Measure | HEDIS MY 2018 | HEDIS MY 2019 | HEDIS MY 2020 | MY 2019–MY 2020 Comparison ¹ | MY 2020 Performance Level ² |
|---|---------------|---------------|---------------|---|--|
| Language Diversity of Membership | | | | | |
| Spoken Language Preferred for Health Care—English | 0.00% | 0.00% | 0.00% | 0.00 | NC |
| Spoken Language Preferred for Health Care—Non-English | 0.00% | 0.00% | 0.00% | 0.00 | NC |
| Spoken Language Preferred for Health Care—Unknown | 100.00% | 100.00% | 100.00% | 0.00 | NC |
| Spoken Language Preferred for Health Care—Declined | 0.00% | 0.00% | 0.00% | 0.00 | NC |
| Language Preferred for Written Materials—English | 0.00% | 0.00% | 0.00% | 0.00 | NC |
| Language Preferred for Written Materials—Non-English | 0.00% | 0.00% | 0.00% | 0.00 | NC |
| Language Preferred for Written Materials—Unknown | 100.00% | 100.00% | 100.00% | 0.00 | NC |
| Language Preferred for Written Materials—Declined | 0.00% | 0.00% | 0.00% | 0.00 | NC |
| Other Language Needs—English | 0.00% | 0.00% | 0.00% | 0.00 | NC |
| Other Language Needs—Non-English | 0.00% | 0.00% | 0.00% | 0.00 | NC |
| Other Language Needs—Unknown | 100.00% | 100.00% | 100.00% | 0.00 | NC |
| Other Language Needs—Declined | 0.00% | 0.00% | 0.00% | 0.00 | NC |
| Utilization⁶ | | | | | |
| Ambulatory Care—Total (Per 1,000 Member Months) | | | | | |
| Emergency Department Visits—Total* | 65.22 | 65.08 | 49.54 | -15.54 | ★★★ |
| Outpatient Visits—Total | 368.60 | 379.56 | 294.42 | -85.14 | NC |
| Inpatient Utilization—General Hospital/Acute Care—Total | | | | | |
| Discharges per 1,000 Member Months—Total Inpatient—Total All Ages | 6.48 | 6.33 | 5.35 | -0.98 | NC |

| Measure | HEDIS MY 2018 | HEDIS MY 2019 | HEDIS MY 2020 | MY 2019–MY 2020 Comparison ¹ | MY 2020 Performance Level ² |
|---|---------------|---------------|---------------|---|--|
| Average Length of Stay—Total Inpatient—Total All Ages | 3.91 | 3.85 | 4.27 | +0.42 | NC |
| Discharges per 1,000 Member Months—Maternity—Total All Ages | 2.92 | 3.07 | 2.72 | -0.35 | NC |
| Average Length of Stay—Maternity—Total All Ages | 2.85 | 2.94 | 3.01 | +0.07 | NC |
| Discharges per 1,000 Member Months—Surgery—Total All Ages | 1.71 | 1.64 | 1.30 | -0.34 | NC |
| Average Length of Stay—Surgery—Total All Ages | 5.62 | 5.41 | 6.23 | +0.82 | NC |
| Discharges per 1,000 Member Months—Medicine—Total All Ages | 2.72 | 2.56 | 2.13 | -0.43 | NC |
| Average Length of Stay—Medicine—Total All Ages | 3.62 | 3.61 | 4.21 | +0.60 | NC |
| Use of Opioids From Multiple Providers^{*,3} | | | | | |
| Multiple Prescribers | 21.61% | 19.47% | 18.70% | -0.77 | ★★★ |
| Multiple Pharmacies | 4.24% | 2.39% | 2.23% | -0.16 | ★★★★ |
| Multiple Prescribers and Multiple Pharmacies | 2.43% | 1.43% | 1.21% | -0.22 | ★★★★ |
| Use of Opioids at High Dosage^{*,3} | | | | | |
| Use of Opioids at High Dosage* | — | 3.20% | 3.04% | -0.16 | ★★★ |
| Risk of Continued Opioid Use^{*,3} | | | | | |
| At Least 15 Days Covered—Total | 12.41% | 9.87% | 10.85% | +0.98 | ★ |
| At Least 31 Days Covered—Total | 5.45% | 4.62% | 5.88% | +1.26 ⁺⁺ | ★ |
| Plan All-Cause Readmissions | | | | | |
| Observed Readmissions—Total* | — | 6.34% | 7.75% | +1.41 ⁺⁺ | ★★★★ |
| Expected Readmissions—Total* | — | 9.97% | 9.61% | -0.36 | ★★★ |
| O/E Ratio—Total* | — | 0.64 | 0.81 | +0.17 ⁺⁺ | ★★★★★ |

¹HEDIS MY 2019 to HEDIS MY 2020 comparisons were based on a Chi-square test of statistical significance with a p value of <0.05. MY 2019–MY 2020 Comparisons shaded green with one cross (+) indicate significant improvement from the previous year. MY 2019–MY 2020 Comparisons shaded red with two crosses (++) indicate a significant decline in performance from the previous year.

²HEDIS MY 2020 Performance Levels were based on comparisons of the HEDIS MY 2020 measure indicator rates to national Medicaid Quality Compass HEDIS MY 2019 benchmarks, with the exception of the Plan All-Cause Readmissions measure indicator rates, which were compared to the national Medicaid NCQA Audit Means and Percentiles HEDIS MY 2019 benchmark.

³Due to changes in the technical specifications for this measure, NCQA recommends trending between MY 2020 and prior years be considered with caution.

⁴Due to changes in the technical specifications for this measure, NCQA recommends a break in trending between MY 2020 and prior years; therefore, prior years' rates are not displayed and comparisons to benchmarks are not performed for this measure.

⁵This measure is a first-year measure; therefore, the prior year's rates cannot be displayed and comparisons to benchmarks cannot be performed for this measure as benchmarks are not yet available.

⁶Significance testing was not performed for utilization-based or health plan description measure indicator rates and any Performance Levels for MY 2020 or MY 2019–MY 2020 Comparisons provided for these measures are for information purposes only.

* For this indicator, a lower rate indicates better performance.

— indicates that the rate is not presented in this report as the measure is a first-year measure; therefore, no trending information is available. This symbol may also indicate that NCQA recommended a break in trending; therefore, no prior year rates are displayed.

NC indicates that a comparison is not appropriate, or the measure did not have an applicable benchmark.

NA indicates that the MHP followed the specifications, but the denominator was too small (<30) to report a valid rate.

HEDIS MY 2020 Performance Levels represent the following percentile comparisons:

★★★★★ = 90th percentile and above

★★★★ = 75th to 89th percentile

★★★ = 50th to 74th percentile

★★ = 25th to 49th percentile

★ = Below 25th percentile

Table B-8—THC Trend Table

| Measure | HEDIS MY 2018 | HEDIS MY 2019 | HEDIS MY 2020 | MY 2019–MY 2020 Comparison ¹ | MY 2020 Performance Level ² |
|---|---------------|---------------|---------------|---|--|
| Child & Adolescent Care | | | | | |
| Childhood Immunization Status | | | | | |
| Combination 2 | 64.46% | 64.46% | 60.34% | -4.12 | ★ |
| Combination 3 | 58.94% | 58.94% | 53.04% | -5.90 | ★ |
| Combination 4 | 58.94% | 58.94% | 53.04% | -5.90 | ★ |
| Combination 5 | 49.23% | 49.23% | 44.53% | -4.70 | ★ |
| Combination 6 | 25.83% | 25.83% | 28.47% | +2.64 | ★ |
| Combination 7 | 49.23% | 49.23% | 44.53% | -4.70 | ★ |
| Combination 8 | 25.83% | 25.83% | 28.47% | +2.64 | ★ |
| Combination 9 | 21.85% | 21.85% | 24.57% | +2.72 | ★ |
| Combination 10 | 21.85% | 21.85% | 24.57% | +2.72 | ★ |
| Well-Child Visits in the First 30 Months of Life | | | | | |
| Well-Child Visits in the First 15 Months—Six or More Well-Child Visits ⁴ | — | — | 48.82% | NC | NC |
| Well-Child Visits for Age 15 Months to 30 Months—Two or More Well-Child Visits ⁵ | — | — | 57.20% | NC | NC |
| Lead Screening in Children | | | | | |
| Lead Screening in Children | 68.43% | 68.43% | 67.64% | -0.79 | ★★ |
| Child and Adolescent Well-Care Visits⁴ | | | | | |
| Ages 3 to 11 Years | — | — | 48.36% | NC | NC |
| Ages 12 to 17 Years | — | — | 43.70% | NC | NC |
| Ages 18 to 21 Years | — | — | 38.72% | NC | NC |
| Total | — | — | 45.02% | NC | NC |
| Immunizations for Adolescents | | | | | |
| Combination 1 (Meningococcal, Tdap) | 84.55% | 86.62% | 81.75% | -4.87 | ★★ |
| Combination 2 (Meningococcal, Tdap, HPV) | — | 38.69% | 36.98% | -1.71 | ★★★ |
| Follow-Up Care for Children Prescribed ADHD Medication³ | | | | | |
| Initiation Phase | 51.78% | 56.41% | 55.50% | -0.91 | ★★★★★ |
| Continuation and Maintenance Phase | 65.45% | 53.66% | 62.50% | +8.84 | ★★★★★ |

| Measure | HEDIS MY 2018 | HEDIS MY 2019 | HEDIS MY 2020 | MY 2019–MY 2020 Comparison ¹ | MY 2020 Performance Level ² |
|--|---------------|---------------|---------------|---|--|
| Women—Adult Care | | | | | |
| Chlamydia Screening in Women | | | | | |
| Ages 16 to 20 Years | 67.78% | 66.64% | 69.37% | +2.73 | ★★★★★ |
| Ages 21 to 24 Years | 70.09% | 70.60% | 72.69% | +2.09 | ★★★★★ |
| Total | 68.69% | 68.18% | 70.82% | +2.64 | ★★★★★ |
| Cervical Cancer Screening³ | | | | | |
| Cervical Cancer Screening | 60.89% | 65.69% | 61.56% | -4.13 | ★★★ |
| Breast Cancer Screening³ | | | | | |
| Breast Cancer Screening | 54.44% | 54.60% | 50.62% | -3.98 ⁺⁺ | ★ |
| Access to Care | | | | | |
| Adults' Access to Preventive/Ambulatory Health Services | | | | | |
| Ages 20 to 44 Years | 73.35% | 74.44% | 69.67% | -4.77 ⁺⁺ | ★ |
| Ages 45 to 64 Years | 83.46% | 85.45% | 82.94% | -2.51 ⁺⁺ | ★ |
| 65 Years and Older | 87.69% | 90.82% | 81.87% | -8.95 ⁺⁺ | ★ |
| Total | 77.65% | 79.31% | 74.97% | -4.34 ⁺⁺ | ★ |
| Avoidance of Antibiotic Treatment for Acute Bronchitis/Bronchiolitis | | | | | |
| Ages 3 Months to 17 Years | — | 58.75% | 64.79% | +6.04 ⁺ | ★★★ |
| Ages 18 to 64 Years | — | 35.71% | 39.51% | +3.80 | ★★★ |
| Ages 65 Years and Older | — | NA | NA | NC | NC |
| Total | — | 45.23% | 49.92% | +4.69 ⁺ | ★★ |
| Appropriate Testing for Pharyngitis³ | | | | | |
| Ages 3 to 17 Years | — | 67.37% | 65.71% | -1.66 | ★ |
| Ages 18 to 64 Years | — | 47.19% | 45.57% | -1.62 | ★ |
| Ages 65 Years and Older | — | NA | NA | NC | NC |
| Total | — | 59.36% | 56.49% | -2.87 | ★ |
| Appropriate Treatment for Upper Respiratory Infection | | | | | |
| Ages 3 Months to 17 Years | — | 90.53% | 91.99% | +1.46 ⁺ | ★★★ |
| Ages 18 to 64 Years | — | 71.68% | 75.58% | +3.90 ⁺ | ★★★ |
| Ages 65 Years and Older | — | NA | NA | NC | NC |
| Total | — | 83.99% | 86.44% | +2.45 ⁺ | ★★ |
| Obesity | | | | | |
| Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents | | | | | |
| Body Mass Index (BMI) Percentile—Total ³ | 86.31% | 86.31% | 75.91% | -10.40 ⁺⁺ | ★★ |
| Counseling for Nutrition—Total | 77.26% | 77.26% | 69.10% | -8.16 ⁺⁺ | ★★ |

| Measure | HEDIS MY 2018 | HEDIS MY 2019 | HEDIS MY 2020 | MY 2019–MY 2020 Comparison ¹ | MY 2020 Performance Level ² |
|--|---------------|---------------|---------------|---|--|
| <i>Counseling for Physical Activity—Total</i> | 75.28% | 75.28% | 66.91% | -8.37 ⁺⁺ | ★★★ |
| Pregnancy Care | | | | | |
| Prenatal and Postpartum Care³ | | | | | |
| <i>Timeliness of Prenatal Care</i> | — | 85.64% | 64.72% | -20.92 ⁺⁺ | ★ |
| <i>Postpartum Care</i> | — | 65.94% | 53.53% | -12.41 ⁺⁺ | ★ |
| Living With Illness | | | | | |
| Comprehensive Diabetes Care | | | | | |
| <i>Hemoglobin A1c (HbA1c) Testing³</i> | 88.30% | 88.30% | 77.62% | -10.68 ⁺⁺ | ★ |
| <i>HbA1c Poor Control (>9.0%)*³</i> | 35.10% | 35.10% | 52.31% | +17.21 ⁺⁺ | ★ |
| <i>HbA1c Control (<8.0%)*³</i> | 49.67% | 49.67% | 40.39% | -9.28 ⁺⁺ | ★ |
| <i>Eye Exam (Retinal) Performed³</i> | 55.85% | 55.85% | 41.85% | -14.00 ⁺⁺ | ★ |
| <i>Blood Pressure Control (<140/90 mm Hg)⁴</i> | — | — | 47.45% | NC | NC |
| Kidney Health Evaluation for Patients With Diabetes⁵ | | | | | |
| <i>Ages 18 to 64 Years</i> | — | — | 28.22% | NC | NC |
| <i>Ages 65 to 74 Years</i> | — | — | 22.95% | NC | NC |
| <i>Ages 75 to 85 Years</i> | — | — | NA | NC | NC |
| <i>Total</i> | — | — | 28.03% | NC | NC |
| Asthma Medication Ratio | | | | | |
| <i>Total</i> | 51.33% | 51.18% | 45.68% | -5.50 ⁺⁺ | ★ |
| Controlling High Blood Pressure⁴ | | | | | |
| <i>Controlling High Blood Pressure</i> | — | — | 45.26% | NC | NC |
| Medical Assistance With Smoking and Tobacco Use Cessation | | | | | |
| <i>Advising Smokers and Tobacco Users to Quit</i> | 80.43% | 86.01% | 88.84% | +2.83 | ★★★★★ |
| <i>Discussing Cessation Medications</i> | 60.11% | 65.02% | 69.51% | +4.49 | ★★★★★ |
| <i>Discussing Cessation Strategies</i> | 47.54% | 53.90% | 60.09% | +6.19 | ★★★★★ |
| Antidepressant Medication Management | | | | | |
| <i>Effective Acute Phase Treatment</i> | 69.46% | 73.08% | 69.08% | -4.00 | ★★★★★ |

| Measure | HEDIS MY 2018 | HEDIS MY 2019 | HEDIS MY 2020 | MY 2019–MY 2020 Comparison ¹ | MY 2020 Performance Level ² |
|---|---------------|---------------|---------------|---|--|
| <i>Effective Continuation Phase Treatment</i> | 56.57% | 59.50% | 56.84% | -2.66 | ★★★★★ |
| Diabetes Screening for People With Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications | | | | | |
| <i>Diabetes Screening for People With Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications</i> | 87.68% | 85.33% | 82.53% | -2.80 | ★★★ |
| Diabetes Monitoring for People With Diabetes and Schizophrenia | | | | | |
| <i>Diabetes Monitoring for People With Diabetes and Schizophrenia</i> | 65.43% | 61.90% | 58.33% | -3.57 | ★ |
| Cardiovascular Monitoring for People With Cardiovascular Disease and Schizophrenia | | | | | |
| <i>Cardiovascular Monitoring for People With Cardiovascular Disease and Schizophrenia</i> | NA | NA | NA | NC | NC |
| Adherence to Antipsychotic Medications for Individuals With Schizophrenia | | | | | |
| <i>Adherence to Antipsychotic Medications for Individuals With Schizophrenia</i> | 57.43% | 61.02% | 53.40% | -7.62 | ★ |
| Health Plan Diversity⁵ | | | | | |
| Race/Ethnicity Diversity of Membership | | | | | |
| <i>Total—White</i> | 30.67% | 29.70% | 29.57% | -0.13 | NC |
| <i>Total—Black or African American</i> | 54.84% | 53.20% | 50.92% | -2.28 | NC |
| <i>Total—American-Indian and Alaska Native</i> | 0.25% | 0.24% | 0.22% | -0.02 | NC |
| <i>Total—Asian</i> | 1.12% | 0.00% | 0.00% | 0.00 | NC |
| <i>Total—Native Hawaiian and Other Pacific Islander</i> | 0.06% | 0.06% | 0.08% | +0.02 | NC |
| <i>Total—Some Other Race</i> | 2.86% | 0.00% | 0.00% | 0.00 | NC |
| <i>Total—Two or More Races</i> | 0.00% | 0.00% | 0.00% | 0.00 | NC |
| <i>Total—Unknown³</i> | 10.19% | 4.81% | 6.28% | +1.47 | NC |
| <i>Total—Declined³</i> | 0.00% | 11.99% | 12.94% | +0.95 | NC |
| <i>Total—Hispanic or Latino³</i> | 2.86% | 3.05% | 3.41% | +0.36 | NC |

| Measure | HEDIS MY 2018 | HEDIS MY 2019 | HEDIS MY 2020 | MY 2019–MY 2020 Comparison ¹ | MY 2020 Performance Level ² |
|--|---------------|---------------|---------------|---|--|
| Language Diversity of Membership | | | | | |
| Spoken Language Preferred for Health Care—English | 99.10% | 82.52% | 57.53% | -24.99 | NC |
| Spoken Language Preferred for Health Care—Non-English | 0.89% | 0.17% | 0.11% | -0.06 | NC |
| Spoken Language Preferred for Health Care—Unknown | 0.01% | 17.31% | 42.36% | +25.05 | NC |
| Spoken Language Preferred for Health Care—Declined | 0.00% | 0.00% | 0.00% | 0.00 | NC |
| Language Preferred for Written Materials—English | 99.10% | 82.52% | 57.53% | -24.99 | NC |
| Language Preferred for Written Materials—Non-English | 0.89% | 0.17% | 0.11% | -0.06 | NC |
| Language Preferred for Written Materials—Unknown | 0.01% | 17.31% | 42.36% | +25.05 | NC |
| Language Preferred for Written Materials—Declined | 0.00% | 0.00% | 0.00% | 0.00 | NC |
| Other Language Needs—English | 99.10% | 82.52% | 57.53% | -24.99 | NC |
| Other Language Needs—Non-English | 0.89% | 0.17% | 0.11% | -0.06 | NC |
| Other Language Needs—Unknown | 0.01% | 17.31% | 42.36% | +25.05 | NC |
| Other Language Needs—Declined | 0.00% | 0.00% | 0.00% | 0.00 | NC |
| Utilization⁶ | | | | | |
| Ambulatory Care—Total (Per 1,000 Member Months) | | | | | |
| Emergency Department Visits—Total* | 68.80 | 69.38 | 47.79 | -21.59 | ★★★ |
| Outpatient Visits—Total | 339.74 | 373.79 | 287.21 | -86.58 | NC |
| Inpatient Utilization—General Hospital/Acute Care—Total | | | | | |
| Total Inpatient—Discharges per 1,000 Member Months—Total | 9.33 | 10.34 | 8.36 | -1.98 | NC |

| Measure | HEDIS MY 2018 | HEDIS MY 2019 | HEDIS MY 2020 | MY 2019–MY 2020 Comparison ¹ | MY 2020 Performance Level ² |
|---|---------------|---------------|---------------|---|--|
| Total Inpatient—Average Length of Stay—Total | 4.41 | 3.56 | 3.85 | +0.29 | NC |
| Maternity—Discharges per 1,000 Member Months—Total | 2.32 | 2.43 | 2.16 | -0.27 | NC |
| Maternity—Average Length of Stay—Total | 2.71 | 1.86 | 1.91 | +0.05 | NC |
| Surgery—Discharges per 1,000 Member Months—Total | 2.12 | 2.18 | 1.78 | -0.40 | NC |
| Surgery—Average Length of Stay—Total | 7.82 | 6.98 | 7.01 | +0.03 | NC |
| Medicine—Discharges per 1,000 Member Months—Total | 5.44 | 6.29 | 4.89 | -1.40 | NC |
| Medicine—Average Length of Stay—Total | 3.63 | 2.88 | 3.36 | +0.48 | NC |
| Use of Opioids From Multiple Providers^{*,3} | | | | | |
| Multiple Prescribers | 16.77% | 15.42% | 12.71% | -2.71 ⁺ | ★★★★★ |
| Multiple Pharmacies | 6.23% | 5.07% | 2.48% | -2.59 ⁺ | ★★★★ |
| Multiple Prescribers and Multiple Pharmacies | 3.33% | 2.37% | 1.29% | -1.08 ⁺ | ★★★★ |
| Use of Opioids at High Dosage^{*,3} | | | | | |
| Use of Opioids at High Dosage* | — | 11.83% | 10.57% | -1.26 | ★ |
| Risk of Continued Opioid Use^{*,3} | | | | | |
| At Least 15 Days Covered—Total | 31.83% | 29.40% | 28.78% | -0.62 | ★ |
| At Least 31 Days Covered—Total | 19.28% | 20.95% | 19.19% | -1.76 | ★ |
| Plan All-Cause Readmissions | | | | | |
| Observed Readmissions—Total* | — | 10.13% | 10.48% | +0.35 | ★★ |
| Expected Readmissions—Total* | — | 10.00% | 10.01% | +0.01 | ★★ |
| O/E Ratio—Total* | — | 1.01 | 1.05 | +0.04 ⁺⁺ | ★★ |

¹HEDIS MY 2019 to HEDIS MY 2020 comparisons were based on a Chi-square test of statistical significance with a p value of <0.05. MY 2019–2020 Comparisons shaded green with one cross (+) indicate significant improvement from the previous year. MY 2019–2020 Comparisons shaded red with two crosses (++) indicate a significant decline in performance from the previous year.

²HEDIS MY 2020 Performance Levels were based on comparisons of the HEDIS MY 2020 measure indicator rates to national Medicaid Quality Compass HEDIS MY 2019 benchmarks, with the exception of the Plan All-Cause Readmissions measure indicator rates, which were compared to the national Medicaid NCQA Audit Means and Percentiles HEDIS MY 2019 benchmark.

³Due to changes in the technical specifications for this measure, NCQA recommends trending between MY 2020 and prior years be considered with caution.

⁴Due to changes in the technical specifications for this measure, NCQA recommends a break in trending between MY 2020 and prior years; therefore, prior years' rates are not displayed and comparisons to benchmarks are not performed for this measure.

⁵This measure is a first-year measure; therefore, the prior year's rates cannot be displayed and comparisons to benchmarks cannot be performed for this measure as benchmarks are not yet available.

⁶Significance testing was not performed for utilization-based or health plan description measure indicator rates and any Performance Levels for MY 2020 or MY 2019–MY 2020 Comparisons provided for these measures are for information purposes only.

* For this indicator, a lower rate indicates better performance.

— indicates that the rate is not presented in this report as the measure is a first-year measure; therefore, no trending information is available. This symbol may also indicate that NCQA recommended a break in trending; therefore, no prior year rates are displayed.

NC indicates that a comparison is not appropriate, or the measure did not have an applicable benchmark.

NA indicates that the MHP followed the specifications, but the denominator was too small (<30) to report a valid rate.

HEDIS MY 2020 Performance Levels represent the following percentile comparisons:

★★★★★ = 90th percentile and above

★★★★ = 75th to 89th percentile

★★★ = 50th to 74th percentile

★★ = 25th to 49th percentile

★ = Below 25th percentile

Table B-9—UNITrend Table

| Measure | HEDIS MY 2018 | HEDIS MY 2019 | HEDIS MY 2020 | MY 2019–MY 2020 Comparison ¹ | MY 2020 Performance Level ² |
|---|---------------|---------------|---------------|---|--|
| Child & Adolescent Care | | | | | |
| Childhood Immunization Status | | | | | |
| Combination 2 | 71.05% | 71.78% | 65.21% | -6.57 ⁺⁺ | ★ |
| Combination 3 | 66.42% | 68.13% | 61.80% | -6.33 | ★ |
| Combination 4 | 63.99% | 67.40% | 61.07% | -6.33 | ★ |
| Combination 5 | 58.15% | 57.91% | 55.47% | -2.44 | ★ |
| Combination 6 | 33.58% | 37.71% | 32.85% | -4.86 | ★ |
| Combination 7 | 56.20% | 57.18% | 54.74% | -2.44 | ★ |
| Combination 8 | 32.36% | 37.23% | 32.85% | -4.38 | ★ |
| Combination 9 | 30.41% | 32.85% | 29.68% | -3.17 | ★ |
| Combination 10 | 29.44% | 32.36% | 29.68% | -2.68 | ★ |
| Well-Child Visits in the First 30 Months of Life | | | | | |
| Well-Child Visits in the First 15 Months—Six or More Well-Child Visits ⁴ | — | — | 61.25% | NC | NC |
| Well-Child Visits for Age 15 Months to 30 Months—Two or More Well-Child Visits ⁵ | — | — | 65.10% | NC | NC |
| Lead Screening in Children | | | | | |
| Lead Screening in Children | 75.91% | 78.35% | 74.70% | -3.65 | ★★★ |
| Child and Adolescent Well-Care Visits⁴ | | | | | |
| Ages 3 to 11 Years | — | — | 50.09% | NC | NC |
| Ages 12 to 17 Years | — | — | 42.31% | NC | NC |
| Ages 18 to 21 Years | — | — | 29.19% | NC | NC |
| Total | — | — | 44.24% | NC | NC |
| Immunizations for Adolescents | | | | | |
| Combination 1 (Meningococcal, Tdap) | 85.16% | 85.16% | 80.78% | -4.38 | ★★ |
| Combination 2 (Meningococcal, Tdap, HPV) | — | 42.34% | 38.20% | -4.14 | ★★★ |
| Follow-Up Care for Children Prescribed ADHD Medication³ | | | | | |
| Initiation Phase | 42.41% | BR | 41.20% | NC | ★★ |
| Continuation and Maintenance Phase | 57.02% | BR | 54.09% | NC | ★★ |

| Measure | HEDIS MY 2018 | HEDIS MY 2019 | HEDIS MY 2020 | MY 2019–MY 2020 Comparison ¹ | MY 2020 Performance Level ² |
|--|---------------|---------------|---------------|---|--|
| Women—Adult Care | | | | | |
| Chlamydia Screening in Women | | | | | |
| Ages 16 to 20 Years | 67.63% | 64.73% | 59.85% | -4.88 ⁺⁺ | ★★★ |
| Ages 21 to 24 Years | 71.25% | 69.61% | 64.95% | -4.66 ⁺⁺ | ★★ |
| Total | 69.09% | 66.70% | 62.06% | -4.64 ⁺⁺ | ★★★ |
| Cervical Cancer Screening³ | | | | | |
| Cervical Cancer Screening | 64.48% | 68.37% | 57.66% | -10.71 ⁺⁺ | ★★ |
| Breast Cancer Screening³ | | | | | |
| Breast Cancer Screening | 61.31% | 59.73% | 54.30% | -5.43 ⁺⁺ | ★★ |
| Access to Care | | | | | |
| Adults' Access to Preventive/Ambulatory Health Services | | | | | |
| Ages 20 to 44 Years | 77.98% | 77.80% | 73.73% | -4.07 ⁺⁺ | ★★ |
| Ages 45 to 64 Years | 87.95% | 87.89% | 84.72% | -3.17 ⁺⁺ | ★★ |
| 65 Years and Older | 95.08% | 92.43% | 88.25% | -4.18 ⁺⁺ | ★★ |
| Total | 81.97% | 81.79% | 77.79% | -4.00 ⁺⁺ | ★★ |
| Avoidance of Antibiotic Treatment for Acute Bronchitis/Bronchiolitis | | | | | |
| Ages 3 Months to 17 Years | — | 59.47% | 60.54% | +1.07 | ★★★ |
| Ages 18 to 64 Years | — | 36.88% | 38.84% | +1.96 | ★★★ |
| Ages 65 Years And Older | — | NA | 31.25% | NC | ★★ |
| Total | — | 48.09% | 49.38% | +1.29 | ★★ |
| Appropriate Testing for Pharyngitis³ | | | | | |
| Ages 3 to 17 Years | — | 76.94% | 73.31% | -3.63 ⁺⁺ | ★ |
| Ages 18 to 64 Years | — | 52.83% | 51.63% | -1.20 | ★ |
| Ages 65 Years And Older | — | NA | NA | NC | NC |
| Total | — | 68.81% | 65.10% | -3.71 ⁺⁺ | ★ |
| Appropriate Treatment for Upper Respiratory Infection | | | | | |
| Ages 3 Months to 17 Years | — | 90.70% | 91.43% | +0.73 ⁺ | ★★ |
| Ages 18 to 64 Years | — | 72.60% | 75.01% | +2.41 ⁺ | ★★ |
| Ages 65 Years And Older | — | NA | 67.80% | NC | ★★ |
| Total | — | 86.03% | 86.75% | +0.72 ⁺ | ★★ |
| Obesity | | | | | |
| Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents | | | | | |
| Body Mass index (BMI) Percentile—Total ³ | 86.37% | 89.29% | 82.48% | -6.81 ⁺⁺ | ★★★ |
| Counseling for Nutrition—Total | 81.27% | 81.27% | 73.72% | -7.55 ⁺⁺ | ★★★ |

| Measure | HEDIS MY 2018 | HEDIS MY 2019 | HEDIS MY 2020 | MY 2019–MY 2020 Comparison ¹ | MY 2020 Performance Level ² |
|--|---------------|---------------|---------------|---|--|
| <i>Counseling for Physical Activity—Total</i> | 77.13% | 79.81% | 71.29% | -8.52 ⁺⁺ | ★★★ |
| Pregnancy Care | | | | | |
| Prenatal and Postpartum Care³ | | | | | |
| <i>Timeliness of Prenatal Care</i> | — | 86.86% | 78.83% | -8.03 ⁺⁺ | ★ |
| <i>Postpartum Care</i> | — | 75.18% | 71.78% | -3.40 | ★★ |
| Living With Illness | | | | | |
| Comprehensive Diabetes Care | | | | | |
| <i>Hemoglobin A1c (HbA1c) Testing³</i> | 91.51% | 91.51% | 83.21% | -8.30 ⁺⁺ | ★ |
| <i>HbA1c Poor Control (>9.0%)*³</i> | 29.63% | 29.63% | 34.79% | +5.16 | ★★★ |
| <i>HbA1c Control (<8.0%)*³</i> | 60.80% | 60.80% | 54.26% | -6.54 ⁺⁺ | ★★★ |
| <i>Eye Exam (Retinal) Performed³</i> | 61.27% | 61.27% | 55.23% | -6.04 | ★★ |
| <i>Blood Pressure Control (<140/90 mm Hg)⁴</i> | — | — | 63.75% | NC | NC |
| Kidney Health Evaluation for Patients With Diabetes⁵ | | | | | |
| <i>Ages 18 to 64 Years</i> | — | — | 35.65% | NC | NC |
| <i>Ages 65 to 74 Years</i> | — | — | 35.70% | NC | NC |
| <i>Ages 75 to 85 Years</i> | — | — | 40.96% | NC | NC |
| <i>Total</i> | — | — | 35.69% | NC | NC |
| Asthma Medication Ratio | | | | | |
| <i>Total</i> | 62.94% | 62.58% | 61.08% | -1.50 | ★★ |
| Controlling High Blood Pressure³ | | | | | |
| <i>Controlling High Blood Pressure</i> | — | — | 62.53% | NC | NC |
| Medical Assistance With Smoking and Tobacco Use Cessation | | | | | |
| <i>Advising Smokers and Tobacco Users to Quit</i> | 84.33% | 85.02% | 80.79% | -4.23 | ★★★ |
| <i>Discussing Cessation Medications</i> | 63.16% | 63.05% | 60.12% | -2.93 | ★★★★ |
| <i>Discussing Cessation Strategies</i> | 55.30% | 57.14% | 52.02% | -5.12 | ★★★ |
| Antidepressant Medication Management | | | | | |
| <i>Effective Acute Phase Treatment</i> | 52.99% | 56.04% | 54.48% | -1.56 | ★★★ |

| Measure | HEDIS MY 2018 | HEDIS MY 2019 | HEDIS MY 2020 | MY 2019–MY 2020 Comparison ¹ | MY 2020 Performance Level ² |
|---|---------------|---------------|---------------|---|--|
| <i>Effective Continuation Phase Treatment</i> | 36.51% | 39.44% | 38.21% | -1.23 | ★★★ |
| Diabetes Screening for People With Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications | | | | | |
| <i>Diabetes Screening for People With Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications</i> | 86.71% | 87.12% | 80.12% | -7.00 ⁺⁺ | ★★ |
| Diabetes Monitoring for People With Diabetes and Schizophrenia | | | | | |
| <i>Diabetes Monitoring for People With Diabetes and Schizophrenia</i> | 74.24% | 69.46% | 61.61% | -7.85 ⁺⁺ | ★ |
| Cardiovascular Monitoring for People With Cardiovascular Disease and Schizophrenia | | | | | |
| <i>Cardiovascular Monitoring for People With Cardiovascular Disease and Schizophrenia</i> | 79.69% | 73.21% | 67.86% | -5.35 | ★ |
| Adherence to Antipsychotic Medications for Individuals With Schizophrenia | | | | | |
| <i>Adherence to Antipsychotic Medications for Individuals With Schizophrenia</i> | 60.25% | 57.61% | 65.78% | +8.17 ⁺ | ★★★ |
| Health Plan Diversity⁵ | | | | | |
| Race/Ethnicity Diversity of Membership | | | | | |
| <i>Total—White</i> | 51.15% | 50.75% | 50.57% | -0.18 | NC |
| <i>Total—Black or African American</i> | 30.36% | 30.35% | 29.76% | -0.59 | NC |
| <i>Total—American-Indian and Alaska Native</i> | 0.28% | 0.31% | 0.30% | -0.01 | NC |
| <i>Total—Asian</i> | 1.89% | 2.23% | 3.38% | +1.15 | NC |
| <i>Total—Native Hawaiian and Other Pacific Islander</i> | 0.08% | 0.08% | 0.08% | 0.00 | NC |
| <i>Total—Some Other Race</i> | 0.00% | 0.00% | 0.00% | 0.00 | NC |
| <i>Total—Two or More Races</i> | 0.00% | 0.00% | 0.00% | 0.00 | NC |
| <i>Total—Unknown³</i> | 16.24% | 16.28% | 15.90% | -0.38 | NC |
| <i>Total—Declined³</i> | 0.00% | 0.00% | 0.00% | 0.00 | NC |
| <i>Total—Hispanic or Latino³</i> | 5.90% | 6.14% | 6.34% | +0.20 | NC |

| Measure | HEDIS MY 2018 | HEDIS MY 2019 | HEDIS MY 2020 | MY 2019–MY 2020 Comparison ¹ | MY 2020 Performance Level ² |
|--|---------------|---------------|---------------|---|--|
| Language Diversity of Membership | | | | | |
| Spoken Language Preferred for Health Care—English | 95.23% | 96.02% | 96.13% | +0.11 | NC |
| Spoken Language Preferred for Health Care—Non-English | 4.71% | 3.94% | 3.86% | -0.08 | NC |
| Spoken Language Preferred for Health Care—Unknown | 0.06% | 0.04% | 0.01% | -0.03 | NC |
| Spoken Language Preferred for Health Care—Declined | 0.00% | 0.00% | 0.00% | 0.00 | NC |
| Language Preferred for Written Materials—English | 95.23% | 96.02% | 96.13% | +0.11 | NC |
| Language Preferred for Written Materials—Non-English | 4.71% | 3.94% | 3.86% | -0.08 | NC |
| Language Preferred for Written Materials—Unknown | 0.06% | 0.04% | 0.01% | -0.03 | NC |
| Language Preferred for Written Materials—Declined | 0.00% | 0.00% | 0.00% | 0.00 | NC |
| Other Language Needs—English | 95.23% | 96.02% | 96.13% | +0.11 | NC |
| Other Language Needs—Non-English | 4.71% | 3.94% | 3.86% | -0.08 | NC |
| Other Language Needs—Unknown | 0.06% | 0.04% | 0.01% | -0.03 | NC |
| Other Language Needs—Declined | 0.00% | 0.00% | 0.00% | 0.00 | NC |
| Utilization⁶ | | | | | |
| Ambulatory Care—Total (Per 1,000 Member Months) | | | | | |
| Emergency Department Visits—Total* | 66.48 | 65.10 | 46.01 | -19.09 | ★★★★ |
| Outpatient Visits—Total | 371.07 | 374.36 | 315.19 | -59.17 | NC |
| Inpatient Utilization—General Hospital/Acute Care—Total | | | | | |
| Total Inpatient—Discharges per 1,000 Member Months—Total | 5.62 | 5.68 | 5.29 | -0.39 | NC |

| Measure | HEDIS MY 2018 | HEDIS MY 2019 | HEDIS MY 2020 | MY 2019–MY 2020 Comparison ¹ | MY 2020 Performance Level ² |
|---|---------------|---------------|---------------|---|--|
| Total Inpatient—Average Length of Stay—Total | 4.56 | 4.63 | 4.70 | +0.07 | NC |
| Maternity—Discharges per 1,000 Member Months—Total | 2.51 | 2.53 | 2.27 | -0.26 | NC |
| Maternity—Average Length of Stay—Total | 2.63 | 2.60 | 2.46 | -0.14 | NC |
| Surgery—Discharges per 1,000 Member Months—Total | 1.30 | 1.40 | 1.19 | -0.21 | NC |
| Surgery—Average Length of Stay—Total | 7.42 | 7.61 | 8.02 | +0.41 | NC |
| Medicine—Discharges per 1,000 Member Months—Total | 2.50 | 2.44 | 2.41 | -0.03 | NC |
| Medicine—Average Length of Stay—Total | 4.46 | 4.45 | 4.61 | +0.16 | NC |
| Use of Opioids From Multiple Providers^{*,3} | | | | | |
| Multiple Prescribers | 18.82% | 15.67% | 14.38% | -1.29 ⁺ | ★★★★ |
| Multiple Pharmacies | 4.88% | 3.21% | 2.00% | -1.21 ⁺ | ★★★★ |
| Multiple Prescribers and Multiple Pharmacies | 2.58% | 1.64% | 1.17% | -0.47 ⁺ | ★★★★ |
| Use of Opioids at High Dosage^{*,3} | | | | | |
| Use of Opioids at High Dosage* | — | 3.60% | 2.90% | -0.70 ⁺ | ★★★★ |
| Risk of Continued Opioid Use^{*,3} | | | | | |
| At Least 15 Days Covered—Total | 20.54% | 15.82% | 9.87% | -5.95 ⁺ | ★ |
| At Least 31 Days Covered—Total | 7.88% | 7.14% | 6.80% | -0.34 | ★ |
| Plan All-Cause Readmissions | | | | | |
| Observed Readmissions—Total* | — | 11.39% | 12.05% | +0.66 | ★ |
| Expected Readmissions—Total* | — | 10.69% | 10.77% | +0.08 | ★ |
| O/E Ratio—Total* | — | 1.06 | 1.12 | +0.06 ⁺⁺ | ★ |

¹HEDIS MY 2020 to HEDIS MY 2019 comparisons were based on a Chi-square test of statistical significance with a p value of <0.05. MY 2019–MY 2020 Comparisons shaded green with one cross (+) indicate significant improvement from the previous year. MY 2019–MY 2020 Comparisons shaded red with two crosses (++) indicate a significant decline in performance from the previous year.

²HEDIS MY 2020 Performance Levels were based on comparisons of the HEDIS MY 2020 measure indicator rates to national Medicaid Quality Compass HEDIS MY 2019 benchmarks, with the exception of the Plan All-Cause Readmissions measure indicator rates, which were compared to the national Medicaid NCQA Audit Means and Percentiles HEDIS MY 2019 benchmark.

³Due to changes in the technical specifications for this measure, NCQA recommends trending between MY 2020 and prior years be considered with caution.

⁴Due to changes in the technical specifications for this measure, NCQA recommends a break in trending between MY 2020 and prior years; therefore, prior years' rates are not displayed and comparisons to benchmarks are not performed for this measure.

⁵This measure is a first-year measure; therefore, the prior year's rates cannot be displayed and comparisons to benchmarks cannot be performed for this measure as benchmarks are not yet available.

⁶Significance testing was not performed for utilization-based or health plan description measure indicator rates and any Performance Levels for MY 2020 or MY 2019–MY 2020 Comparisons provided for these measures are for information purposes only.

* For this indicator, a lower rate indicates better performance.

— indicates that the rate is not presented in this report as the measure is a first-year measure; therefore, no trending information is available. This symbol may also indicate that NCQA recommended a break in trending; therefore, no prior year rates are displayed.

NC indicates that a comparison is not appropriate, or the measure did not have an applicable benchmark.

NA indicates that the MHP followed the specifications, but the denominator was too small (<30) to report a valid rate.

BR indicates that the MHP's reported rate was invalid; therefore, the rate is not presented.

HEDIS MY 2020 Performance Levels represent the following percentile comparisons:

★★★★★ = 90th percentile and above

★★★★ = 75th to 89th percentile

★★★ = 50th to 74th percentile

★★ = 25th to 49th percentile

★ = Below 25th percentile

Table B-10—UPP Trend Table

| Measure | HEDIS MY 2018 | HEDIS MY 2019 | HEDIS MY 2020 | MY 2019–MY 2020 Comparison ¹ | MY 2020 Performance Level ² |
|---|---------------|---------------|---------------|---|--|
| Child & Adolescent Care | | | | | |
| Childhood Immunization Status | | | | | |
| Combination 2 | 71.93% | 75.43% | 68.36% | -7.07 ⁺⁺ | ★ |
| Combination 3 | 69.23% | 70.07% | 66.08% | -3.99 | ★ |
| Combination 4 | 67.78% | 68.86% | 64.52% | -4.34 | ★ |
| Combination 5 | 55.30% | 58.88% | 55.08% | -3.80 | ★ |
| Combination 6 | 44.91% | 46.23% | 45.02% | -1.21 | ★★★★ |
| Combination 7 | 54.68% | 57.91% | 53.94% | -3.97 | ★ |
| Combination 8 | 44.70% | 45.74% | 44.40% | -1.34 | ★★★★ |
| Combination 9 | 37.94% | 40.88% | 39.83% | -1.05 | ★★★★ |
| Combination 10 | 37.84% | 40.63% | 39.21% | -1.42 | ★★★★ |
| Well-Child Visits in the First 30 Months of Life | | | | | |
| Well-Child Visits in the First 15 Months—Six or More Well-Child Visits ⁴ | — | — | 70.27% | NC | NC |
| Well-Child Visits for Age 15 Months to 30 Months—Two or More Well-Child Visits ⁵ | — | — | 73.13% | NC | NC |
| Lead Screening in Children | | | | | |
| Lead Screening in Children | 82.00% | 79.23% | 74.48% | -4.75 ⁺⁺ | ★★★★ |
| Child and Adolescent Well-Care Visits⁴ | | | | | |
| Ages 3 to 11 Years | — | — | 50.87% | NC | NC |
| Ages 12 to 17 Years | — | — | 43.87% | NC | NC |
| Ages 18 to 21 Years | — | — | 22.41% | NC | NC |
| Total | — | — | 44.29% | NC | NC |
| Immunizations for Adolescents | | | | | |
| Combination 1 (Meningococcal, Tdap) | 80.97% | 77.32% | 80.72% | +3.40 | ★★ |
| Combination 2 (Meningococcal, Tdap, HPV) | — | 35.07% | 34.93% | -0.14 | ★★ |
| Follow-Up Care for Children Prescribed ADHD Medication³ | | | | | |
| Initiation Phase | 49.62% | 47.77% | 50.42% | +2.65 | ★★★★ |
| Continuation and Maintenance Phase | 53.92% | 58.76% | 62.20% | +3.44 | ★★★★ |

| Measure | HEDIS MY 2018 | HEDIS MY 2019 | HEDIS MY 2020 | MY 2019–MY 2020 Comparison ¹ | MY 2020 Performance Level ² |
|--|---------------|---------------|---------------|---|--|
| Women—Adult Care | | | | | |
| Chlamydia Screening in Women | | | | | |
| Ages 16 to 20 Years | 43.19% | 46.00% | 41.01% | -4.99 ⁺⁺ | ★ |
| Ages 21 to 24 Years | 53.78% | 55.87% | 49.82% | -6.05 ⁺⁺ | ★ |
| Total | 47.86% | 50.29% | 44.89% | -5.40 ⁺⁺ | ★ |
| Cervical Cancer Screening³ | | | | | |
| Cervical Cancer Screening | 65.21% | 64.96% | 58.15% | -6.81 ⁺⁺ | ★★ |
| Breast Cancer Screening³ | | | | | |
| Breast Cancer Screening | 65.42% | 64.85% | 61.87% | -2.98 ⁺⁺ | ★★★★ |
| Access to Care | | | | | |
| Adults' Access to Preventive/Ambulatory Health Services | | | | | |
| Ages 20 to 44 Years | 82.16% | 81.08% | 78.29% | -2.79 ⁺⁺ | ★★ |
| Ages 45 to 64 Years | 88.60% | 87.99% | 85.12% | -2.87 ⁺⁺ | ★★ |
| 65 Years and Older | 94.91% | 94.93% | 92.68% | -2.25 ⁺⁺ | ★★★★ |
| Total | 85.65% | 84.69% | 81.72% | -2.97 ⁺⁺ | ★★★★ |
| Avoidance of Antibiotic Treatment for Acute Bronchitis/Bronchiolitis | | | | | |
| Ages 3 Months to 17 Years | — | 58.03% | 64.64% | +6.61 | ★★★★ |
| Ages 18 to 64 Years | — | 31.94% | 36.47% | +4.53 | ★★ |
| Ages 65 Years And Older | — | NA | NA | NC | NC |
| Total | — | 42.62% | 47.53% | +4.91 ⁺ | ★★ |
| Appropriate Testing for Pharyngitis³ | | | | | |
| Ages 3 to 17 Years | — | 78.22% | 79.18% | +0.96 | ★★ |
| Ages 18 to 64 Years | — | 68.24% | 71.84% | +3.60 | ★★★★ |
| Ages 65 Years And Older | — | NA | NA | NC | NC |
| Total | — | 74.41% | 76.40% | +1.99 | ★★ |
| Appropriate Treatment for Upper Respiratory Infection | | | | | |
| Ages 3 Months to 17 Years | — | 89.64% | 91.43% | +1.79 ⁺ | ★★ |
| Ages 18 to 64 Years | — | 83.16% | 83.13% | -0.03 | ★★★★ |
| Ages 65 Years And Older | — | 80.00% | NA | NC | NC |
| Total | — | 87.63% | 88.72% | +1.09 | ★★★★ |
| Obesity | | | | | |
| Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents | | | | | |
| BMI Percentile Documentation—Total ³ | 92.21% | 89.29% | 88.08% | -1.21 | ★★★★ |
| Counseling for Nutrition—Total | 69.83% | 69.59% | 72.99% | +3.40 | ★★★★ |

| Measure | HEDIS MY 2018 | HEDIS MY 2019 | HEDIS MY 2020 | MY 2019–MY 2020 Comparison ¹ | MY 2020 Performance Level ² |
|--|---------------|---------------|---------------|---|--|
| <i>Counseling for Physical Activity—Total</i> | 66.42% | 69.10% | 69.59% | +0.49 | ★★★ |
| Pregnancy Care | | | | | |
| Prenatal and Postpartum Care³ | | | | | |
| <i>Timeliness of Prenatal Care</i> | — | 92.46% | 91.24% | -1.22 | ★★★ |
| <i>Postpartum Care</i> | — | 90.27% | 87.59% | -2.68 | ★★★★★ |
| Living With Illness | | | | | |
| Comprehensive Diabetes Care | | | | | |
| <i>Hemoglobin A1c (HbA1c) Testing³</i> | 92.21% | 92.70% | 87.59% | -5.11 ⁺⁺ | ★★ |
| <i>HbA1c Poor Control (>9.0%)*³</i> | 21.90% | 24.57% | 29.93% | +5.36 | ★★★★★ |
| <i>HbA1c Control (<8.0%)*³</i> | 63.50% | 61.07% | 57.42% | -3.65 | ★★★★★ |
| <i>Eye Exam (Retinal) Performed³</i> | 70.32% | 70.56% | 61.07% | -9.49 ⁺⁺ | ★★★ |
| <i>Blood Pressure Control (<140/90 mm Hg)³</i> | — | — | 78.35% | NC | NC |
| Kidney Health Evaluation for Patients With Diabetes⁵ | | | | | |
| <i>Ages 18 to 64 Years</i> | — | — | 34.80% | NC | NC |
| <i>Ages 65 to 74 Years</i> | — | — | 38.66% | NC | NC |
| <i>Ages 75 to 85 Years</i> | — | — | 27.78% | NC | NC |
| <i>Total</i> | — | — | 34.97% | NC | NC |
| Asthma Medication Ratio | | | | | |
| <i>Total</i> | 63.06% | 62.33% | 58.42% | -3.91 | ★★ |
| Controlling High Blood Pressure³ | | | | | |
| <i>Controlling High Blood Pressure</i> | — | — | 73.24% | NC | NC |
| Medical Assistance With Smoking and Tobacco Use Cessation | | | | | |
| <i>Advising Smokers and Tobacco Users to Quit</i> | 77.22% | 79.96% | 76.50% | -0.46 | ★★★ |
| <i>Discussing Cessation Medications</i> | 56.42% | 59.96% | 63.00% | +3.04 | ★★★★★ |
| <i>Discussing Cessation Strategies</i> | 49.09% | 54.65% | 56.03% | +1.38 | ★★★★★ |
| Antidepressant Medication Management | | | | | |
| <i>Effective Acute Phase Treatment</i> | 59.54% | 55.85% | 62.13% | +6.28 ⁺ | ★★★★★ |

| Measure | HEDIS MY 2018 | HEDIS MY 2019 | HEDIS MY 2020 | MY 2019–MY 2020 Comparison ¹ | MY 2020 Performance Level ² |
|---|---------------|---------------|---------------|---|--|
| <i>Effective Continuation Phase Treatment</i> | 44.15% | 40.30% | 44.50% | +4.20 | ★★★★★ |
| Diabetes Screening for People With Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications | | | | | |
| <i>Diabetes Screening for People With Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications</i> | 88.87% | 87.08% | 85.06% | -2.02 | ★★★★★ |
| Diabetes Monitoring for People With Diabetes and Schizophrenia | | | | | |
| <i>Diabetes Monitoring for People With Diabetes and Schizophrenia</i> | 84.15% | 81.25% | 82.35% | +1.10 | ★★★★★ |
| Cardiovascular Monitoring for People With Cardiovascular Disease and Schizophrenia | | | | | |
| <i>Cardiovascular Monitoring for People With Cardiovascular Disease and Schizophrenia</i> | NA | NA | NA | NC | NC |
| Adherence to Antipsychotic Medications for Individuals With Schizophrenia | | | | | |
| <i>Adherence to Antipsychotic Medications for Individuals With Schizophrenia</i> | 83.38% | 81.84% | 84.72% | +2.88 | ★★★★★ |
| Health Plan Diversity⁵ | | | | | |
| Race/Ethnicity Diversity of Membership | | | | | |
| <i>Total—White</i> | 87.85% | 86.34% | 87.12% | +0.78 | NC |
| <i>Total—Black or African American</i> | 1.48% | 1.46% | 1.66% | +0.20 | NC |
| <i>Total—American-Indian and Alaska Native</i> | 2.43% | 2.34% | 2.67% | +0.33 | NC |
| <i>Total—Asian</i> | 0.24% | 2.07% | 0.44% | -1.63 | NC |
| <i>Total—Native Hawaiian and Other Pacific Islander</i> | 0.07% | 0.11% | 0.13% | +0.02 | NC |
| <i>Total—Some Other Race</i> | 1.68% | 1.92% | 2.08% | +0.16 | NC |
| <i>Total—Two or More Races</i> | 0.00% | 0.00% | 0.00% | 0.00 | NC |
| <i>Total—Unknown³</i> | 0.00% | 0.00% | 0.00% | 0.00 | NC |
| <i>Total—Declined³</i> | 6.25% | 5.76% | 5.90% | +0.14 | NC |
| <i>Total—Hispanic or Latino³</i> | 1.68% | 1.92% | 2.08% | +0.16 | NC |

| Measure | HEDIS MY 2018 | HEDIS MY 2019 | HEDIS MY 2020 | MY 2019—MY 2020 Comparison ¹ | MY 2020 Performance Level ² |
|--|---------------|---------------|---------------|---|--|
| Language Diversity of Membership | | | | | |
| Spoken Language Preferred for Health Care—English | 99.93% | 99.90% | 99.90% | 0.00 | NC |
| Spoken Language Preferred for Health Care—Non-English | 0.04% | 0.07% | 0.07% | 0.00 | NC |
| Spoken Language Preferred for Health Care—Unknown | 0.02% | 0.02% | 0.03% | +0.01 | NC |
| Spoken Language Preferred for Health Care—Declined | 0.00% | 0.00% | 0.00% | 0.00 | NC |
| Language Preferred for Written Materials—English | 99.93% | 99.90% | 99.90% | 0.00 | NC |
| Language Preferred for Written Materials—Non-English | 0.04% | 0.07% | 0.07% | 0.00 | NC |
| Language Preferred for Written Materials—Unknown | 0.02% | 0.02% | 0.03% | +0.01 | NC |
| Language Preferred for Written Materials—Declined | 0.00% | 0.00% | 0.00% | 0.00 | NC |
| Other Language Needs—English | 0.00% | 0.00% | 0.00% | 0.00 | NC |
| Other Language Needs—Non-English | 0.00% | 0.00% | 0.00% | 0.00 | NC |
| Other Language Needs—Unknown | 100.00% | 100.00% | 100.00% | 0.00 | NC |
| Other Language Needs—Declined | 0.00% | 0.00% | 0.00% | 0.00 | NC |
| Utilization⁶ | | | | | |
| Ambulatory Care—Total (Per 1,000 Member Months) | | | | | |
| Emergency Department Visits—Total* | 52.04 | 54.01 | 42.87 | -11.14 | ★★★★ |
| Outpatient Visits—Total | 307.10 | 351.79 | 317.54 | -34.25 | NC |
| Inpatient Utilization—General Hospital/Acute Care—Total | | | | | |
| Total Inpatient—Discharges per 1,000 Member Months—Total | 5.34 | 7.06 | 6.20 | -0.86 | NC |

| Measure | HEDIS MY 2018 | HEDIS MY 2019 | HEDIS MY 2020 | MY 2019—MY 2020 Comparison ¹ | MY 2020 Performance Level ² |
|---|---------------|---------------|---------------|---|--|
| Total Inpatient—Average Length of Stay—Total | 3.80 | 4.08 | 4.41 | +0.33 | NC |
| Maternity—Discharges per 1,000 Member Months—Total | 2.22 | 2.13 | 2.01 | -0.12 | NC |
| Maternity—Average Length of Stay—Total | 2.93 | 2.80 | 2.75 | -0.05 | NC |
| Surgery—Discharges per 1,000 Member Months—Total | 1.65 | 2.25 | 1.83 | -0.42 | NC |
| Surgery—Average Length of Stay—Total | 5.60 | 5.71 | 6.46 | +0.75 | NC |
| Medicine—Discharges per 1,000 Member Months—Total | 2.08 | 3.26 | 2.88 | -0.38 | NC |
| Medicine—Average Length of Stay—Total | 3.05 | 3.56 | 3.96 | +0.40 | NC |
| Use of Opioids From Multiple Providers^{*,3} | | | | | |
| Multiple Prescribers | 15.85% | 15.76% | 16.04% | +0.28 | ★★★★ |
| Multiple Pharmacies | 6.53% | 6.33% | 6.41% | +0.08 | ★★ |
| Multiple Prescribers and Multiple Pharmacies | 4.16% | 4.24% | 4.77% | +0.53 | ★ |
| Use of Opioids at High Dosage^{*,3} | | | | | |
| Use of Opioids at High Dosage* | — | 3.51% | 3.33% | -0.18 | ★★★ |
| Risk of Continued Opioid Use^{*,3} | | | | | |
| At Least 15 Days Covered—Total | 13.07% | 7.95% | 9.27% | +1.32 | ★★ |
| At Least 31 Days Covered—Total | 5.72% | 4.38% | 5.43% | +1.05 ⁺⁺ | ★ |
| Plan All-Cause Readmissions | | | | | |
| Observed Readmissions—Total* | — | 8.40% | 9.38% | +0.98 | ★★★ |
| Expected Readmissions—Total* | — | 9.82% | 9.97% | +0.15 | ★★ |
| O/E Ratio—Total* | — | 0.86 | 0.94 | +0.08 ⁺⁺ | ★★★ |

¹HEDIS MY 2019 to HEDIS MY 2020 comparisons were based on a Chi-square test of statistical significance with a p value of <0.05. MY 2019–MY 2020 Comparisons shaded green with one cross (+) indicate significant improvement from the previous year. MY 2019–MY 2020 Comparisons shaded red with two crosses (++) indicate a significant decline in performance from the previous year.

²HEDIS MY 2020 Performance Levels were based on comparisons of the HEDIS MY 2020 measure indicator rates to national Medicaid Quality Compass HEDIS MY 2019 benchmarks, with the exception of the Plan All-Cause Readmissions measure indicator rates, which were compared to the national Medicaid NCQA Audit Means and Percentiles HEDIS MY 2019 benchmark.

³Due to changes in the technical specifications for this measure, NCQA recommends trending between MY 2020 and prior years be considered with caution.

⁴Due to changes in the technical specifications for this measure, NCQA recommends a break in trending between MY 2020 and prior years; therefore, prior years' rates are not displayed and comparisons to benchmarks are not performed for this measure.

⁵This measure is a first-year measure; therefore, the prior year's rates cannot be displayed and comparisons to benchmarks cannot be performed for this measure as benchmarks are not yet available.

⁶Significance testing was not performed for utilization-based or health plan description measure indicator rates and any Performance Levels for MY 2020 or MY 2019–MY 2020 Comparisons provided for these measures are for information purposes only.

* For this indicator, a lower rate indicates better performance.

— indicates that the rate is not presented in this report as the measure is a first-year measure; therefore, no trending information is available. This symbol may also indicate that NCQA recommended a break in trending; therefore, no prior year rates are displayed.

NA indicates that the MHP followed the specifications, but the denominator was too small (<30) to report a valid rate.

NC indicates that a comparison is not appropriate, or the measure did not have an applicable benchmark.

HEDIS MY 2020 Performance Levels represent the following percentile comparisons:

★★★★★ = 90th percentile and above

★★★★ = 75th to 89th percentile

★★★ = 50th to 74th percentile

★★ = 25th to 49th percentile

★ = Below 25th percentile

Appendix C. Performance Summary Stars

Introduction

This section presents the MHPs' performance summary stars for each measure within the following measure domains:

- Child & Adolescent Care
- Women—Adult Care
- Access to Care
- Obesity
- Living With Illness
- Utilization

Performance ratings were assigned by comparing the MHPs' HEDIS MY 2020 rates to the HEDIS MY 2019 MWA Quality Compass national Medicaid benchmarks (from ★ representing *Poor Performance* to ★★★★★ representing *Excellent Performance*). Please note, HSAG assigned performance ratings to all but one measure in the Utilization measure domain, *Plan All-Cause Readmissions*. Please refer to Appendix B for comparisons to national percentiles for *Plan All-Cause Readmissions*. Measures in the Health Plan Diversity domain and the remaining utilization-based measure rates were not evaluated based on comparisons to national benchmarks; however, rates for these measure indicators are presented in Appendix B. Due to changes in the technical specifications for Well-Child Visits in the First 30 Months of Life—Six or More Well-Child Visits, Child and Adolescent Well-Care Visits, Comprehensive Diabetes Care—Blood Pressure Control (<140/90 mm Hg), Controlling High Blood Pressure in HEDIS MY 2020, NCQA does not recommend comparing these measures' rates to national Medicaid benchmarks; therefore, these measures are not displayed in this appendix. Additional details about the performance comparisons and star ratings are found in Section 2.

Child & Adolescent Care Performance Summary Stars

Table C-1—Child & Adolescent Care Performance Summary Stars (Table 1 of 3)

| MHP | Childhood Immunization Status— Combination 2 | Childhood Immunization Status— Combination 3 | Childhood Immunization Status— Combination 4 | Childhood Immunization Status— Combination 5 | Childhood Immunization Status— Combination 6 | Childhood Immunization Status— Combination 7 |
|-----|---|---|---|---|---|---|
| AET | ★ | ★ | ★ | ★ | ★ | ★ |
| BCC | ★ | ★ | ★ | ★ | ★★ | ★ |
| HAP | ★ | ★ | ★ | ★ | ★ | ★ |
| MCL | ★ | ★ | ★ | ★ | ★★ | ★ |
| MER | ★ | ★ | ★ | ★★ | ★★ | ★★ |
| MOL | ★★ | ★★ | ★★ | ★★ | ★★ | ★★ |
| PRI | ★★★ | ★★★ | ★★★★ | ★★★★ | ★★★★ | ★★★★ |
| THC | ★ | ★ | ★ | ★ | ★ | ★ |
| UNI | ★ | ★ | ★ | ★ | ★ | ★ |
| UPP | ★ | ★ | ★ | ★ | ★★★ | ★ |

Table C-2—Child & Adolescent Care Performance Summary Stars (Table 2 of 3)

| MHP | Childhood Immunization Status—Combination 8 | Childhood Immunization Status—Combination 9 | Childhood Immunization Status—Combination 10 | Lead Screening in Children | Immunizations for Adolescents—Combination 1 (Meningococcal, Tdap) | Immunizations for Adolescents—Combination 2 (Meningococcal, Tdap, HPV) |
|-----|---|---|--|----------------------------|---|--|
| AET | ★ | ★ | ★ | ★ | ★★ | ★★★ |
| BCC | ★★ | ★★ | ★★ | ★★ | ★★ | ★★ |
| HAP | ★ | ★ | ★ | ★ | ★ | ★ |
| MCL | ★★ | ★★ | ★★ | ★★★ | ★★ | ★ |
| MER | ★★ | ★★ | ★★ | ★★★ | ★★★ | ★★ |
| MOL | ★★ | ★★ | ★★ | ★★ | ★★★ | ★★★ |
| PRI | ★★★★ | ★★★★ | ★★★★ | ★★★ | ★★★★ | ★★★★ |
| THC | ★ | ★ | ★ | ★★ | ★★ | ★★★ |
| UNI | ★ | ★ | ★ | ★★★ | ★★ | ★★★ |
| UPP | ★★★ | ★★★ | ★★★ | ★★★ | ★★ | ★★ |

Table C-3—Child & Adolescent Care Performance Summary Stars (Table 3 of 3)

| MHP | Follow-Up Care for Children Prescribed ADHD Medication—Initiation Phase | Follow-Up Care for Children Prescribed ADHD Medication—Continuation and Maintenance Phase |
|-----|---|---|
| AET | ★ | ★ |
| BCC | ★★★★★ | ★★★★★ |
| HAP | NA | NA |
| MCL | ★★★★★ | ★★★ |
| MER | ★★★ | ★★★ |
| MOL | ★★★★★ | ★★★★★ |
| PRI | ★★ | ★ |
| THC | ★★★★★ | ★★★★★ |
| UNI | ★★ | ★★ |
| UPP | ★★★★★ | ★★★★★ |

NA indicates that the MHP followed the specifications, but the denominator was too small (<30) to report a valid rate.

Women—Adult Care Performance Summary Stars

Table C-4—Women—Adult Care Performance Summary Stars

| MHP | Chlamydia Screening in Women—Ages 16 to 20 Years | Chlamydia Screening in Women—Ages 21 to 24 Years | Chlamydia Screening in Women—Total | Cervical Cancer Screening | Breast Cancer Screening |
|-----|--|--|------------------------------------|---------------------------|-------------------------|
| AET | ★★★ | ★★ | ★★★ | ★ | ★ |
| BCC | ★★★ | ★★ | ★★★ | ★★ | ★★ |
| HAP | ★★ | ★★ | ★★ | ★ | ★★ |
| MCL | ★★ | ★★ | ★★ | ★★ | ★★ |
| MER | ★★★ | ★★ | ★★★ | ★★ | ★★ |
| MOL | ★★★ | ★★★ | ★★★ | ★★★ | ★★ |
| PRI | ★★★ | ★★ | ★★★ | ★★★★ | ★★★★ |
| THC | ★★★★ | ★★★★ | ★★★★ | ★★★ | ★ |
| UNI | ★★★ | ★★ | ★★★ | ★★ | ★★ |
| UPP | ★ | ★ | ★ | ★★ | ★★★ |

Access to Care Performance Summary Stars

Table C-5—Access to Care Performance Summary Stars (Table 1 of 3)

| MHP | Adults' Access to Preventive/ Ambulatory Health Services—Ages 20 to 44 Years | Adults' Access to Preventive/ Ambulatory Health Services—Ages 45 to 64 Years | Adults' Access to Preventive/ Ambulatory Health Services—Ages 65 Years and Older | Adults' Access to Preventive/ Ambulatory Health Services—Total | Avoidance of Antibiotic Treatment for Acute Bronchitis Bronchiolitis—Ages 3 Months to 17 Years | Avoidance of Antibiotic Treatment for Acute Bronchitis Bronchiolitis—Ages 18 to 64 Years |
|-----|---|---|---|---|--|--|
| AET | ★ | ★ | ★★ | ★ | ★★★ | ★★★★ |
| BCC | ★★ | ★ | ★ | ★★ | ★★★ | ★★★ |
| HAP | ★ | ★ | ★★ | ★ | ★★★★ | ★★★ |
| MCL | ★★ | ★★ | ★ | ★ | ★★★ | ★★★ |
| MER | ★★ | ★★ | ★★ | ★★ | ★★★ | ★★★ |
| MOL | ★★ | ★★ | ★★★ | ★★ | ★★ | ★★★ |
| PRI | ★★ | ★★ | ★★★ | ★★ | ★★★★ | ★★★★ |
| THC | ★ | ★ | ★ | ★ | ★★★ | ★★★ |
| UNI | ★★ | ★★ | ★★ | ★★ | ★★★ | ★★★ |
| UPP | ★★ | ★★ | ★★★★ | ★★★ | ★★★ | ★★ |

Table C-6—Access to Care Performance Summary Stars (Table 2 of 3)

| MHP | Avoidance of Antibiotic Treatment for Acute Bronchitis Bronchiolitis—Ages 65 Years And Older | Avoidance of Antibiotic Treatment for Acute Bronchitis Bronchiolitis—Total | Appropriate Testing for Pharyngitis—Ages 3 to 17 Years | Appropriate Testing for Pharyngitis—Ages 18 to 64 Years | Appropriate Testing for Pharyngitis—Ages 65 Years And Older | Appropriate Testing for Pharyngitis—Total |
|-----|--|--|--|---|---|---|
| AET | ★★ | ★★ | ★ | ★ | NA | ★ |
| BCC | NA | ★★ | ★ | ★ | NA | ★ |
| HAP | ★★ | ★★ | ★ | ★ | NA | ★ |
| MCL | NA | ★★ | ★★ | ★★★ | NA | ★★ |
| MER | ★★ | ★★ | ★★ | ★★ | NA | ★★ |
| MOL | ★ | ★★ | ★ | ★ | ★★★ | ★ |
| PRI | NA | ★★★★ | ★★ | ★★★ | NA | ★★ |
| THC | NA | ★★ | ★ | ★ | NA | ★ |
| UNI | ★★ | ★★ | ★ | ★ | NA | ★ |
| UPP | NA | ★★ | ★★ | ★★★ | NA | ★★ |

NA indicates that the MHP followed the specifications, but the denominator was too small (<30) to report a valid rate.

Table C-7—Access to Care Performance Summary Stars (Table 3 of 3)

| MHP | Appropriate Treatment for Upper Respiratory Infection—Ages 3 Months to 17 Years | Appropriate Treatment for Upper Respiratory Infection—Ages 18 to 64 Years | Appropriate Treatment for Upper Respiratory Infection—Ages 65 Years And Older | Appropriate Treatment for Upper Respiratory Infection— Total |
|-----|---|---|---|--|
| AET | ★★ | ★★★ | ★★ | ★★ |
| BCC | ★★★ | ★★★ | NA | ★★ |
| HAP | ★★★ | ★★★ | ★★★ | ★ |
| MCL | ★★ | ★★★ | NA | ★★ |
| MER | ★★★ | ★★★ | ★★★★ | ★★★ |
| MOL | ★★ | ★★★ | ★ | ★★ |
| PRI | ★★★★ | ★★★★★ | ★★★★ | ★★★★★ |
| THC | ★★★ | ★★★ | NA | ★★ |
| UNI | ★★ | ★★ | ★★ | ★★ |
| UPP | ★★ | ★★★★ | NA | ★★★ |

NA indicates that the MHP followed the specifications, but the denominator was too small (<30) to report a valid rate.

Obesity Performance Summary Stars

Table C-8—Obesity Performance Summary Stars

| MHP | <i>Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents—BMI Percentile Documentation—Total</i> | <i>Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents—Counseling for Nutrition—Total</i> | <i>Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents—Counseling for Physical Activity—Total</i> |
|-----|---|---|---|
| AET | ★★ | ★★★ | ★★★ |
| BCC | ★★ | ★★ | ★★ |
| HAP | ★★★ | ★★ | ★★★ |
| MCL | ★ | ★ | ★ |
| MER | ★★ | ★★ | ★★★ |
| MOL | ★★ | ★★ | ★★★ |
| PRI | ★★★★★ | ★★★★★ | ★★★★★ |
| THC | ★★ | ★★ | ★★★ |
| UNI | ★★★ | ★★★ | ★★★ |
| UPP | ★★★★★ | ★★★ | ★★★ |

Pregnancy Care Performance Summary Stars

Table C-9—Pregnancy Care Performance Summary Stars

| MHP | <i>Prenatal and Postpartum Care— Timeliness of Prenatal Care</i> | <i>Prenatal and Postpartum Care— Postpartum Care</i> |
|-----|--|--|
| AET | ★ | ★ |
| BCC | ★ | ★ |
| HAP | ★ | ★ |
| MCL | ★ | ★ |
| MER | ★ | ★ |
| MOL | ★ | ★ |
| PRI | ★★ | ★★★ |
| THC | ★ | ★ |
| UNI | ★ | ★★ |
| UPP | ★★★ | ★★★★★ |

Living With Illness Performance Summary Stars

Table C-10—Living With Illness Performance Summary Stars (Table 1 of 3)

| MHP | Comprehensive Diabetes Care— Hemoglobin A1c (HbA1c) Testing | Comprehensive Diabetes Care— HbA1c Poor Control (>9.0%) | Comprehensive Diabetes Care— HbA1c Control (<8.0%) | Comprehensive Diabetes Care— Eye Exam (Retinal) Performed |
|-----|--|--|---|--|
| AET | ★ | ★ | ★ | ★ |
| BCC | ★ | ★★ | ★★ | ★★★ |
| HAP | ★ | ★ | ★★ | ★ |
| MCL | ★ | ★ | ★ | ★★ |
| MER | ★ | ★★ | ★★ | ★ |
| MOL | ★ | ★★ | ★ | ★★ |
| PRI | ★★★ | ★★★★ | ★★★★ | ★★★ |
| THC | ★ | ★ | ★ | ★ |
| UNI | ★ | ★★★ | ★★★ | ★★ |
| UPP | ★★ | ★★★★ | ★★★★ | ★★★ |

Table C-11—Living With Illness Performance Summary Stars (Table 2 of 3)

| MHP | Asthma Medication Ratio—Total | Medical Assistance With Smoking and Tobacco Use Cessation—Advising Smokers and Tobacco Users to Quit | Medical Assistance With Smoking and Tobacco Use Cessation—Discussing Cessation Medications | Medical Assistance With Smoking and Tobacco Use Cessation—Discussing Cessation Strategies | Antidepressant Medication Management—Effective Acute Phase Treatment | Antidepressant Medication Management—Effective Continuation Phase Treatment |
|-----|-------------------------------|--|--|---|--|---|
| AET | ★ | ★★★ | ★★★ | ★★★ | ★★ | ★★ |
| BCC | ★ | ★★★ | ★★★ | ★★★ | ★★★★ | ★★★★ |
| HAP | ★ | ★★ | ★★★ | ★★★ | ★★★★★ | ★★★★★ |
| MCL | ★ | ★ | ★★ | ★★ | ★★★★ | ★★★★ |
| MER | ★★ | ★★ | ★★★ | ★★ | ★★ | ★ |
| MOL | ★ | ★ | ★★★ | ★★★ | ★★★★ | ★★★★ |
| PRI | ★★★★ | ★★★ | ★★★ | ★★★ | ★★★★ | ★★★★ |
| THC | ★ | ★★★★★ | ★★★★★ | ★★★★★ | ★★★★★ | ★★★★★ |
| UNI | ★★ | ★★★ | ★★★★ | ★★★ | ★★★ | ★★★ |
| UPP | ★★ | ★★★ | ★★★★ | ★★★★ | ★★★★ | ★★★★ |

Table C-12—Living With Illness Performance Summary Stars (Table 3 of 3)

| MHP | Diabetes Screening for People With Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications | Diabetes Monitoring for People With Diabetes and Schizophrenia | Cardiovascular Monitoring for People With Cardiovascular Disease and Schizophrenia | Adherence to Antipsychotic Medications for Individuals With Schizophrenia |
|-----|--|--|--|---|
| AET | ★ | ★ | NA | ★★★ |
| BCC | ★★ | ★ | NA | ★★ |
| HAP | ★ | ★ | NA | ★★★ |
| MCL | ★ | ★ | ★ | ★★★★ |
| MER | ★★ | ★ | ★ | ★★★★ |
| MOL | ★ | ★ | ★ | ★★★★ |
| PRI | ★★ | ★ | NA | ★★★★ |
| THC | ★★★ | ★ | NA | ★ |
| UNI | ★★ | ★ | ★ | ★★★ |
| UPP | ★★★★ | ★★★★★ | NA | ★★★★★ |

NA indicates that the MHP followed the specifications, but the denominator was too small (<30) to report a valid rate.

Utilization Performance Summary Stars

Table C-13—Utilization Performance Summary Stars (Table 1 of 2)¹

| MHP | Ambulatory Care— Total (Per 1,000 Member Months)— Emergency Department Visits—Total | Use of Opioids From Multiple Providers— Multiple Prescribers | Use of Opioids From Multiple Providers— Multiple Pharmacies | Use of Opioids From Multiple Providers— Multiple Prescribers and Multiple Pharmacies | Use of Opioids at High Dosage | Risk of Continued Opioid Use—At Least 15 Days Covered—Total |
|-----|--|--|---|--|----------------------------------|--|
| AET | ★★★ | ★★★★ | ★★★ | ★★★ | ★★★★ | ★ |
| BCC | ★★★★ | ★★★★ | ★★★★ | ★★★ | ★★★★ | ★★ |
| HAP | ★★★ | ★★★★ | ★★★ | ★★★★ | ★★★★ | ★ |
| MCL | ★★★ | ★★★★ | ★★★★ | ★★★★ | ★★★★ | ★ |
| MER | ★★★★ | ★★★★ | ★★★ | ★★★ | ★★★★ | ★★ |
| MOL | ★★★★ | ★★★★ | ★★★★ | ★★★ | ★★★★ | ★ |
| PRI | ★★★ | ★★★ | ★★★★ | ★★★★ | ★★★ | ★ |
| THC | ★★★ | ★★★★ | ★★★★ | ★★★★ | ★ | ★ |
| UNI | ★★★★ | ★★★★ | ★★★★ | ★★★★ | ★★★★ | ★ |
| UPP | ★★★★ | ★★★★ | ★★ | ★ | ★★★ | ★★ |

¹A lower rate may indicate more favorable performance for this measure indicator (i.e., low rates of ED services may indicate better utilization of services). Therefore, percentiles were reversed to align with performance (e.g., the 10th percentile [a lower rate] was inverted to become the 90th percentile, indicating better performance).

Table C-14—Utilization Performance Summary Stars (Table 2 of 2)¹

| MHP | <i>Risk of Continued Opioid Use—At Least 31 Days Covered—Total</i> | <i>Plan All-Cause Readmissions—Observed Readmissions—Total</i> | <i>Plan All-Cause Readmissions—Expected Readmissions—Total</i> | <i>Plan All-Cause Readmissions—O/E Ratio—Total</i> |
|-----|--|--|--|--|
| AET | ★ | ★ | ★★ | ★ |
| BCC | ★ | ★★ | ★★ | ★★ |
| HAP | ★ | ★ | ★★ | ★ |
| MCL | ★ | ★★★ | ★★ | ★★★ |
| MER | ★ | ★★★ | ★★★ | ★★★★ |
| MOL | ★ | ★★★ | ★★ | ★★★ |
| PRI | ★ | ★★★★ | ★★★ | ★★★★★ |
| THC | ★ | ★★ | ★★ | ★★ |
| UNI | ★ | ★ | ★ | ★ |
| UPP | ★ | ★★★ | ★★ | ★★★ |

¹A lower rate may indicate more favorable performance for this measure indicator (i.e., low rates of ED services may indicate better utilization of services). Therefore, percentiles were reversed to align with performance (e.g., the 10th percentile [a lower rate] was inverted to become the 90th percentile, indicating better performance).